SG's Disease/Condition Management Kick Off Session

Module (A):
Using Metrics, Population Health Navigator and Disease Champion Toolkits to Build your Action Plan

LCDR Annette M. Von Thun, MC
Navy Environmental Health Center

CDR Chris Clagett, MC
HSO Jacksonville

Objectives

- Understand relationship of Population Health Clinical Metrics, the BUMED Note & Business Plan
- Understand the significance of HEDIS® measures and benchmarking
- Understand how to leverage PHN tool for:
  - Data Quality
  - Demographics
  - Clinical Preventive Services
  - Disease/Condition Management

Objectives

- Demonstrate use of the PHN for your specific MTF population and how to compare your clinical performance.

  Basically… what they measure, how they measure it, & if you're doing a good job!

- Introduce basic Excel skills and applications to leverage PHN data

- Introduce Toolkits to assist with disease management efforts

Medical Management

- Consists of Disease Management, Utilization (incl. Referral) Management, Case Mangement
- “a shift… to a proactive approach of continuous quality improvement and evidence-based practice.”
- “…not just about controlling costs. It is about developing more efficient approaches to providing high quality health care.”

Source: DoD Medical Management Guide (Jan

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Clinical Metrics

"When programs are outcomes-focused and take continuous quality improvement (CQI) principles into consideration, they have great potential to improve multiple outcomes including clinical, behavioral and cost."

Population Health Management: Strategies for Improvement (McAlearney, 2002)

Disease Mgmt Evaluation

Types of metrics civilian health plans use to evaluate DzMgmt programs

- Clinical Outcomes (94%)
- Quality Measures e.g. HEDIS (93%)
- Inpatient Utilization (92%)
- ED Utilization (90%)
- Patient Satisfaction (82%)

76% of large employers offered DzMgmt programs
Of those with DzMgmt programs
- 97% Diabetes
- 86% Asthma

Source: DoD Medical Management Guide (Jan

Qualities of Good Metrics

1. Relevance

- Meaningful
- Cost-Effective
- Important
  - Clinically important
  - Financially important
  - Strategically important
- Controllable
- Potential for improvement
- Easily Interpretable

Qualities of Good Metrics

2. Scientific Validity

- Valid
- Accurate
- Reproducible
- Risk Adjustable
- Comparability of data sources
- Degree of professional agreement
- Acceptable to the patient

3. Feasibility

- Precisely specified
- Logistically feasible
- Reasonable cost
- Confidential
- Auditable

Source: Diabetes Quality Improvement Project

BUMED Metrics

- BUMED Business Plan and BUMED Note (6310) requires monitoring and reporting of:
  - Diabetes patients (age 18-75) with hemoglobin A1c $\leq$ 9.0%
  - Diabetes patients (age 18-75) with LDL < 100mg/dl
  - Asthma patients (age 5-56) on long term medications
  - Female patients (age 52-69) with current mammogram
- Data from HEDIS® metrics in PHN
- BUMED Business Plan states that clinical goal is to perform greater than HEDIS® 90th percentile.
- Doesn't prevent the tracking of other metrics or the use of other registries or databases, but only PHN data counts.

Other Relevant Metrics

- Numerous other sources for metrics and benchmarks...
  - AHRQ
  - NCQA/HEDIS
  - JCAHO
  - HP 2010
- Disease-Specific Metrics
  - Diabetes-- ADA, DQIP
  - Asthma-- NHLBI

Metrics- Informatics Support

- Local Informatics Tools
  - CHCS
  - Registries
  - SQL Servers
  - M2

- BUMED-Endorsed Tool
  - Population Health Navigator- this will be the tool from which data is reported to the PHN dashboard and the BUMED Business Plan

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Benchmarking & HEDIS Metrics

"In 'transparent' systems where performance measurement and accountability are the norm, it is possible to essentially erase the traditional concept of 'average' performance and replace it with universal excellence."

NCQA – The State of Health Care Quality: 2003
Margaret E. O'Kane, president,

Performance Benchmarking

Benchmarking is the continuous process of measuring processes, services, and practices against industry standards to compare performance and gauge where and whether efforts to improve might be indicated.

- Serves as a basis for action for improvements.
- Keys to successful benchmarking:
  1) analysis at a level specific to what the user wants to measure
  2) follow-up by appropriate personnel to research the reasons behind the undesirable results
  3) formulation of alternate strategies for improvement
- One consideration in determining the appropriateness of benchmarking at any level is credibility, both in terms of reliability (i.e., accuracy and consistency) of the data used for the analysis and of having enough data to produce meaningful results.

Source: DoD Medical Management Guide (Jan

Benchmarking

- Benchmarking and tracking selected clinical services leads to improvement in health care processes:
  - Clinical processes (patient care and follow-up)
  - Enrollment/Administrative processes
  - Data quality and coding processes
  - Patient and provider education process

HEDIS Metrics

- What is HEDIS?
- How are these metrics defined?
- How are the benchmarks derived?
- Why use HEDIS? Benefits?

HEDIS® metrics

- Health Plan Employer Data and Information Set®
  - Developed/maintained by the National Committee for Quality Assurance (NCQA)
  - Most widely used set of performance measures in the managed care industry (61 measures/8 categories)
    - Effectiveness of Care
- Set of standardized performance measures to compare the performance of health care plans.
- Very precise metric definitions based on: continuous enrollment, inclusion/exclusion criteria, age restrictions, etc.

HEDIS® metrics

- Does **NOT** represent the standard of care, merely the standard of clinical quality for comparison to other facilities.
- Benchmarks are derived from population norms qYr
- Benefits of HEDIS…
  - Concrete performance benchmarks for managed care and state/federal health plans allowing comparisons for healthcare delivery
  - Consequently… allows the Navy to objectively compare itself against nationally-recognized civilian industry standards

Diabetes Care Quality in the Veterans Affairs Health Care System and Commercial Managed Care: The TRIAD Study Kerr et al., *Ann Intern Med* 141:272-281, 2004

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Population Health Navigator

1. How many have seen this tool before?
2. How many know your PHN users back at your MTF
3. How many are PHN users?

Population Health Navigator

- MHS Population Health Portal, web-based information and report application
  - developed by the USAF, adapted for Tri-Service use, now used throughout the MHS.
  - Selected by BUMED as the Medical Informatics Tool to be used by MTFs; new program implemented Jan 04.
  - All Navy commands and most branch clinics have PHN users, with >200 users currently.
- Provides Action/Prevalence Lists for 14 Clinical Preventive Services and specific diseases/conditions.
  - Patient-, provider-, clinic- and facility-specific action lists
  - Updated monthly
- Provides HEDIS® measures to compare clinical quality of delivered healthcare.

Population Health Navigator

- M2
  - Standard Inpatient Data Record (SIDR)
  - Standard Ambulatory Data Record (SADR)
  - Health Care Service Reports (HCSR)
- Approximately 103 CHCS hosts
  - Lab, radiology (mmgm), pathology (paps)
- Pharmacy Data (PDTS)-
  - MTF, network, mail order
- Defense Eligibility Enrollment Registration System (DEERS)

Population Health Navigator

Strengths

- Provides both corporate level (HEDIS®) metrics and drills to patient/provider/clinic level
- Provides data on patient care regardless of where care provided:
  - throughout entire MHS
  - inpatient & outpatient care
  - network & MTF care
- Can be displayed in Excel® for easy use of data.
- FREE and readily available

Limitations

- Updated monthly, 2-6wk lag time.
- Some delay in posting of network care.
- Does not include non-enrolled beneficiaries
- Only predefined modules, not able to query

Data Quality Issues

- Also a tool that provides the opportunity to assess data quality…
  - Enrollment- AD, PCS's
  - Enrollment accuracy- PCM, pt contact info
  - CHCS provider entry- ensuring providers, nurses, techs/corpstaff are entered correctly, haven't PCS'd
  - Coding entry/accuracy- ensuring certain clinics/providers are using the appropriate codes
    - e.g. gestational diabetes vs. pregnant diabetic patient
    - e.g. diabetes education (for family members) vs. actual diagnosis of diabetes

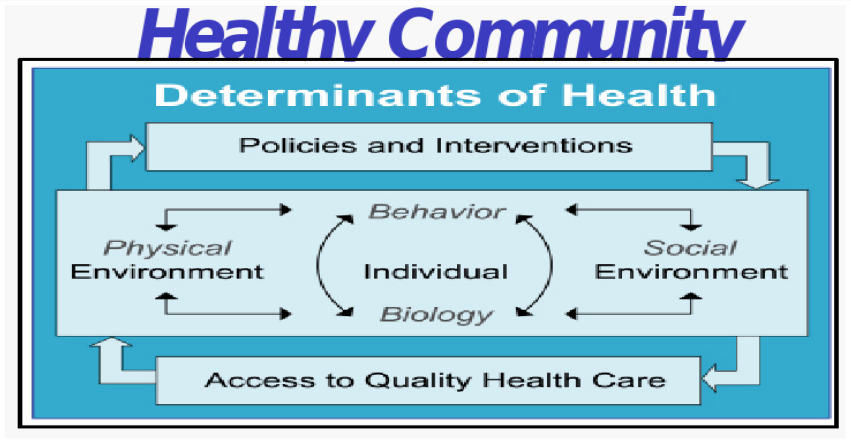
BUMED Note 6310 - Diabetes

Requires the following:

- **Standards**: optimal diabetic management including general assessment, addressing control of HbA1c and LDL*, controlling BP, screening for retinopathy & nephropathy*, providing patient education and periodic follow up
  - Identification of Cohort*
  - Clinical Practice Guideline
  - Disease Management Reengineering
    - Identification of patients with A1C ≥ 9.0%*
    - Patient education

- **Metrics**:
  - Diabetes patients (age 18-75) with hemoglobin A1c ≤ 9.0%*
  - Diabetes patients (age 18-75) with LDL < 100mg/dl*

7 PHI Key Process Elements



1. Identify the Population

2. Forecast Demand

3. Manage Demand

6. Community Outreach

MHS

Optimize Clinical System

4. Manage Capacity

5. Evidence-Based Primary, Secondary, & Tertiary Prevention

7. Analyze Performance & Health Status

Address http://www-nehc.med.navy.mil/hp/ph_navigator/index.htm

Navy Environmental Health Center

Force Health Protection | Home | Index | Directorates | Field Activities | Special Interest

Ensure Navy and Marine Corps readiness through leadership in prevention of disease and promotion of health

NAVY POPULATION HEALTH NAVIGATOR

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LINKS AND RESOURCES

- **Population Health Navigator**
- **Population Health Navigator Dashboard**
- **Population Health Navigator Frequently Asked Questions**
- **Population Health Navigator Instructional Brief**
- **Medical Implementation of Population Health Navigator and Metrics** (BUMED Msg 033301Z JUN 2004)
- **FY 2005 Navy Medicine Disease State and Condition Management** (BUMED Note 6310, 3 Dec 2004)
- **Population Health Navigator – Charting the Course in Population Health Management for Navy Medicine** B.K. Bohnker, A.M. Von Thun, E.M. Ruschmeier, Navy Medicine 95(6):19-20, 2004

OTHER POPULATION HEALTH LINKS

- **Navy Medicine Business Plan**
- **The Health Plan Employer Data and Information Set** (HEDIS)
- **Clinical Epidemiology and the Next Generation of TRICARE Contracts** S.G. Hooker, R. L. Buck, B.R. Christen, G.H. Beightol, Navy Medicine, 95(3): 19-21, 2004.
- **Health Promotion and Disease/Injury Prevention** (DODD 1010.10, 22 Aug 03)
- **Guidance for Implementation of Medical Management Program** (HA Policy 04-008, 7 Apr 04)
- **DoD Tricare Management Activity Population Health Improvement Plan and Guide**

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Population Health Navigator Frequently Asked Questions

General Questions:

What is Population Health Navigator (PHN)?
What are some of the features of PHN?
How can I use the PHN action lists?

Administrative and Methodology Questions:

How do I get an account?
How do I get assistance with PHN?
Where does the data for PHN come from and how often is it updated?
How is enrollment determined?
Where can I find the methodology for PHN?
How did the PHN derive the methods used?

HEDIS® Questions:

What are HEDIS® metrics?
How do I compare our HEDIS® metrics?
Why are the denominators in the HEDIS® metric and the Action List different?
How do I know which patients are HEDIS® eligible?

Other Questions:

Why do you put information on high utilizers on the PHN?
Why does the PHN data not reflect what I see in the medical record?
How does PHN compare to PHOTO?
What are some of the strengths and limitations of PHN?
If my command is already using another database or disease registry, do I need to use PHN?
How are the PHN and the BUMED Business Plan linked?

MHSPHP Login Page - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites Media

Address https://pophealth.afms.mil/tsphp/login/login.cfm Go

Version 1.0.1

User Name:

Password:

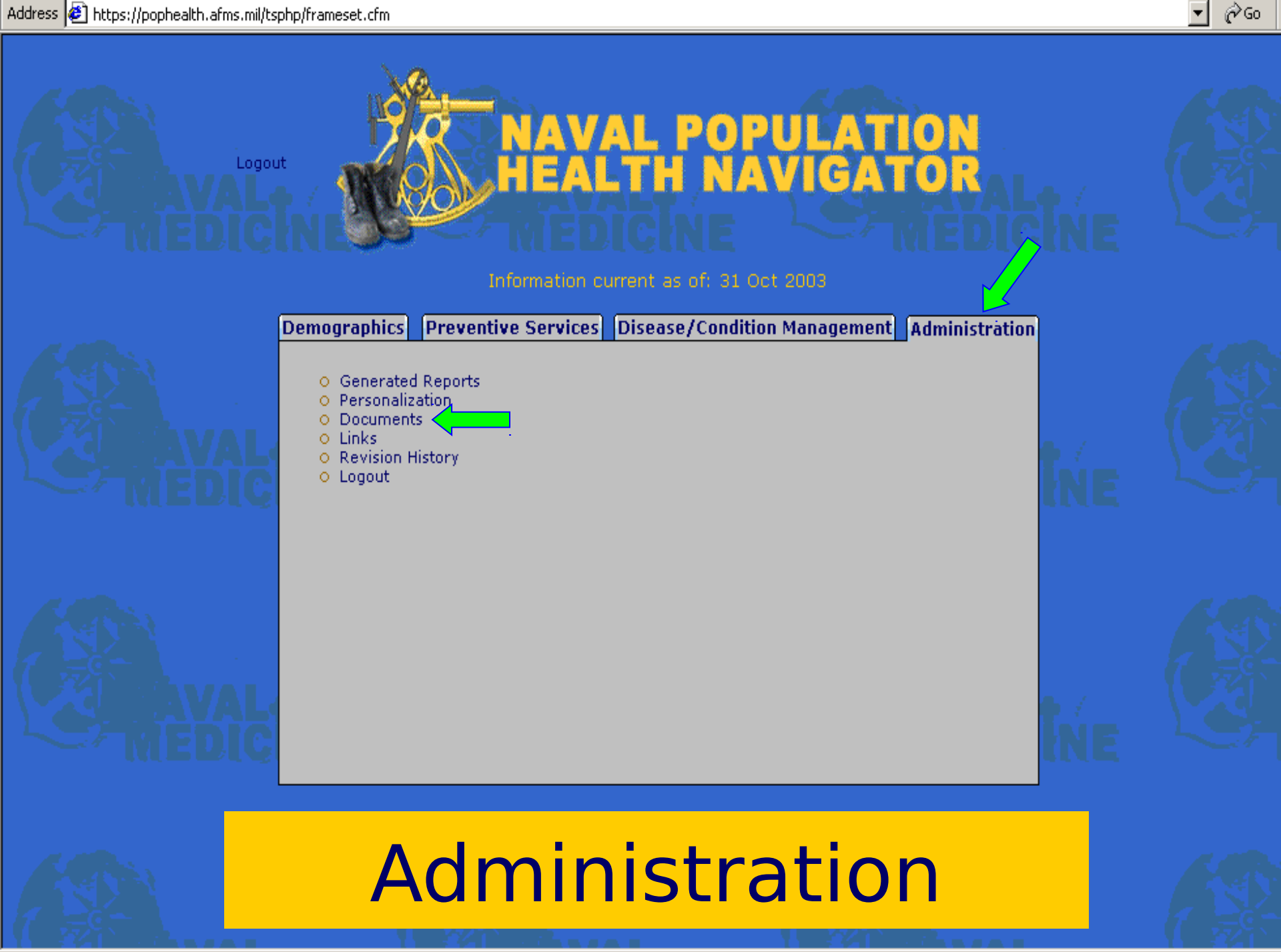
Login Reset

Forgot Password? Preload Graphics Request Access Contact the Service Center

Population Health Navigator

Major “Index Card” Sections :

- Demographic Information
- Preventive Services
- Disease and Condition Management
- Administration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Logout
NAVAL POPULATION HEALTH NAVIGATOR
Information current as of: 31 Oct 2003
Demographics
Preventive Services
Disease/Condition Management
Administration
Generated Reports
Personalization
Documents
Links
Revision History
Logout
Administration

MHSPHP Documents - Microsoft Internet Explorer
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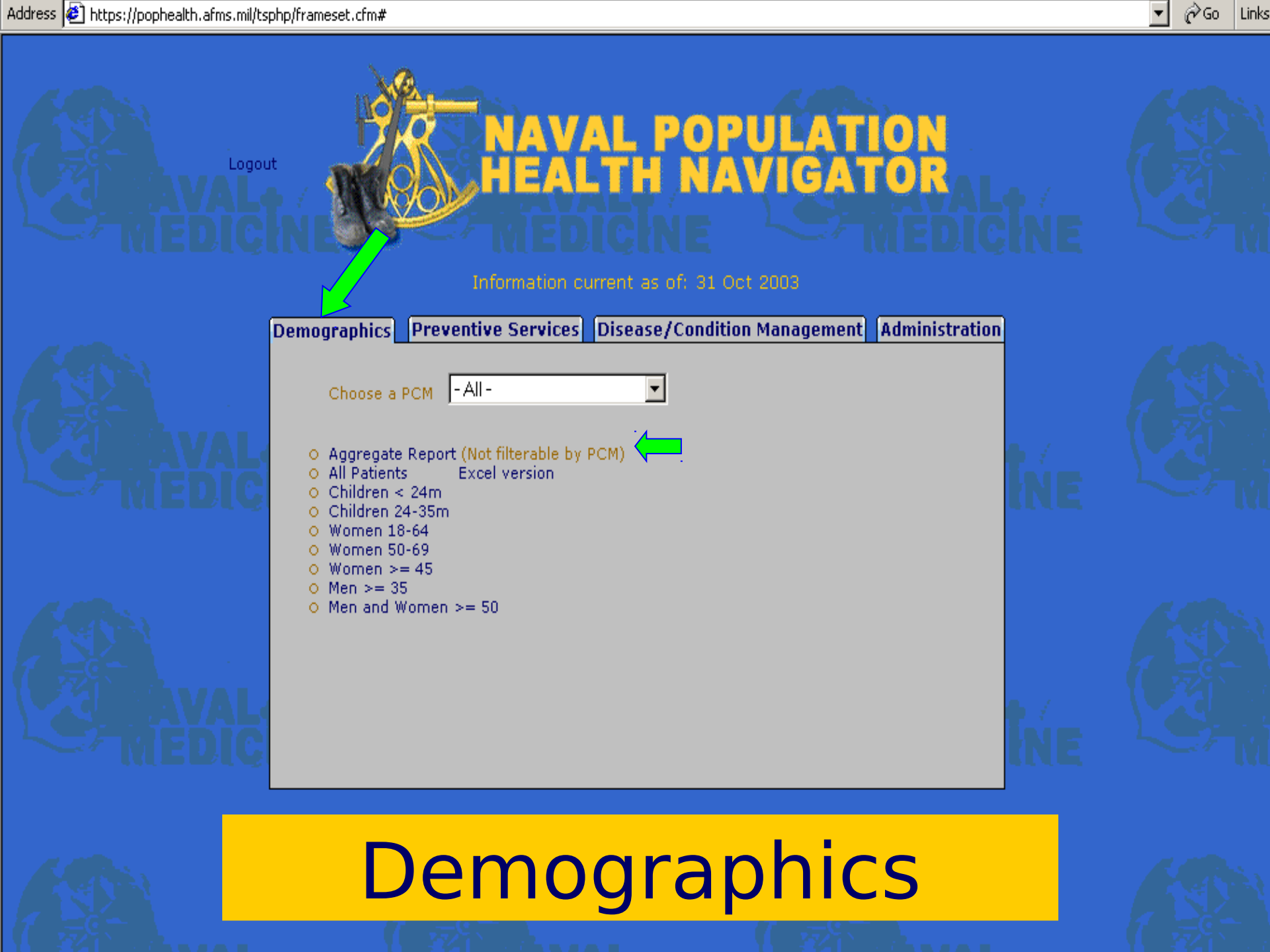
MHSPHP Documents

(Select the Download button next to the document to download it.)

Return to Main Application Page

Name	Description	Uploaded by	Date Uploaded	
Application Source Documents				
Customer Requirements Specification	Customer Requirements Specification	CIV Michael A Burroughs	18-Jun-2002	Download
Administrator Documentation				
User Documentation				
MHSPHP User's Guide	MHSPHP User's Guide	CIV Michael A Burroughs	11-Mar-2004	Download
Frequently Asked Questions (FAQs)	Frequently Asked Questions (FAQs)	CIV MarkO Smith	19-Dec-2003	Download
Steps to correct a SADR record	Step by step instructions on how to correct a local ADM/SADR record	Lt Col Christopher J Phillips MD, MPH	04-Apr-2003	Download
Coding pitfalls to avoid with gestational diabetes	Details re. indications for the correct use of gestational diabetes ICD9 codes	Lt Col Christopher J Phillips MD, MPH	14-Jun-2003	Download
MHSPHP Methodologies 2004	MHSPHP methodology documentation	Lt Col Christopher J Phillips MD, MPH	27-Apr-2004	Download

Refresh List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Links
Logout
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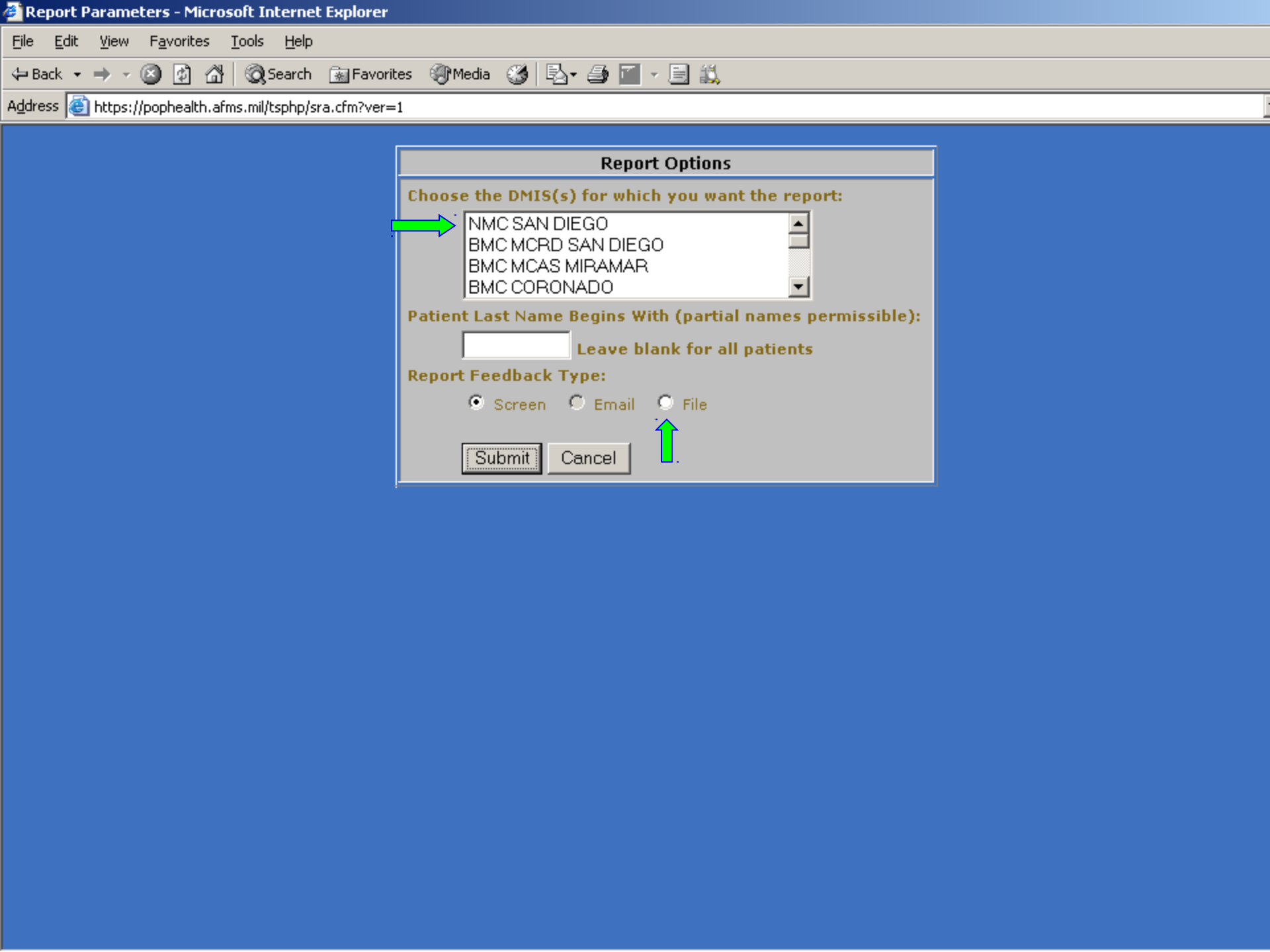
Information current as of: 31 Oct 2003
Demographics
Preventive Services
Disease/Condition Management
Administration
Choose a PCM
- All -
Aggregate Report (Not filterable by PCM)
All Patients
Excel version
Children < 24m
Children 24-35m
Women 18-64
Women 50-69
Women >= 45
Men >= 35
Men and Women >= 50
Demographics


Report Parameters - Microsoft Internet Explorer
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Report Options
Choose the DMIS(s) for which you want the report:
NMC SAN DIEGO
BMC MCRD SAN DIEGO
BMC MCAS MIRAMAR
BMC CORONADO
Patient Last Name Begins With (partial names permissible):
Leave blank for all patients
Report Feedback Type:
Screen
Email
File
Submit
Cancel

Aggregate Report - Microsoft Internet Explorer
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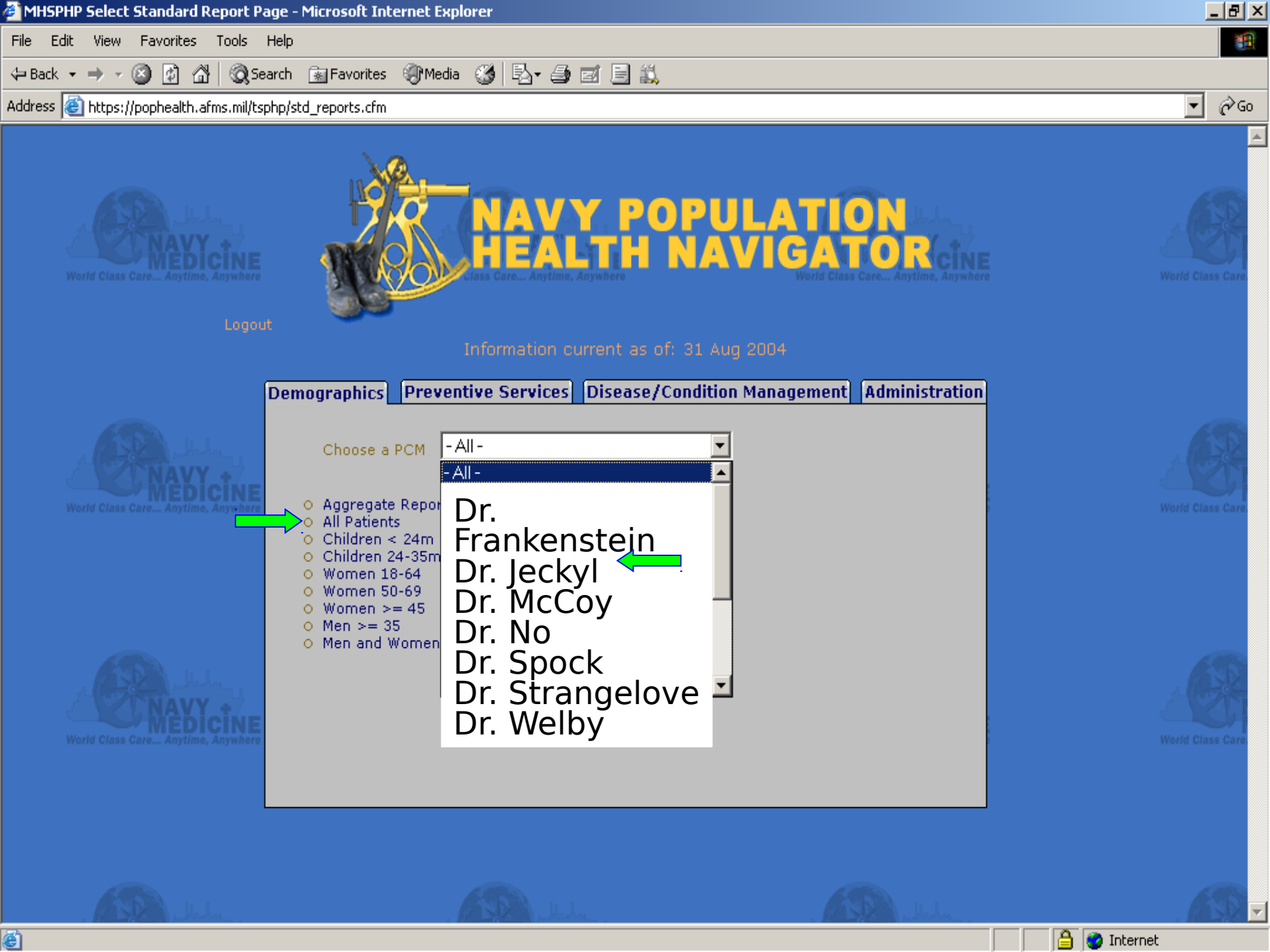
NAVAL POPULATION HEALTH NAVIGATOR

Information current as of: 31 Jul 2004

Aggregate Report: Demographics -

Return to Main Page

Total Enrollees:	16,007
Children < 24 mos:	901
Children 24 - 35 mos:	399
Women 18 - 64:	5,398
Women 50 - 69:	912
Women >=45:	1,363
Men >=35:	2,181
Men & Women >=50:	1,847


MHSPHP Select Standard Report Page - Microsoft Internet Explorer
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NAVY POPULATION HEALTH NAVIGATOR
Logout
Information current as of: 31 Aug 2004
Demographics
Preventive Services
Disease/Condition Management
Administration
Choose a PCM
- All -
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Dr. Frankenstein
Dr. Jeckyl
Dr. McCoy
Dr. No
Dr. Spock
Dr. Strangelove
Dr. Welby
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All Patients
Children < 24m
Children 24-35m
Women 18-64
Women 50-69
Women >= 45
Men >= 35
Men and Women
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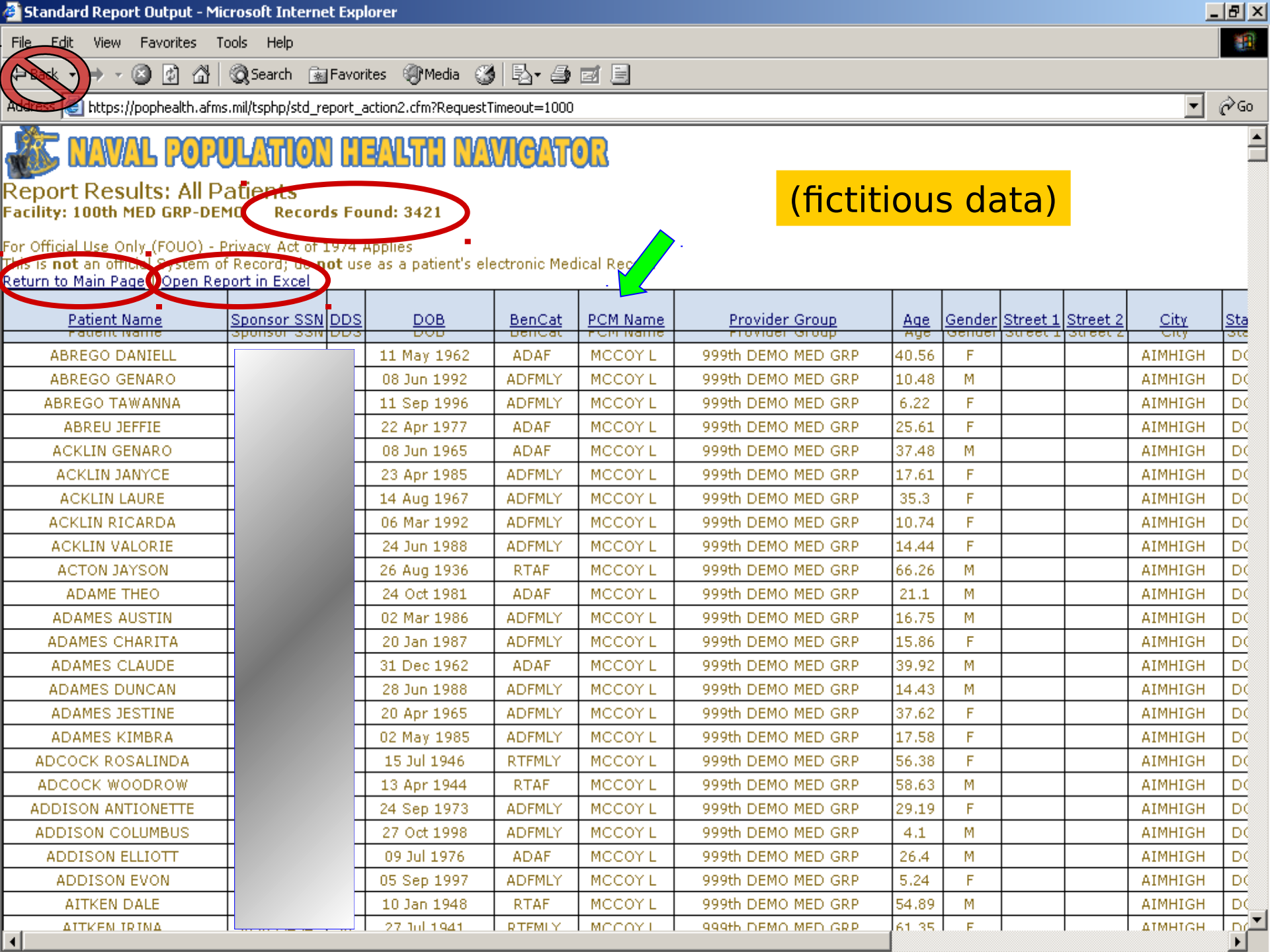
Standard Report Output - Microsoft Internet Explorer
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NAVAL POPULATION HEALTH NAVIGATOR
Report Results: All Patients
Facility: 100th MED GRP-DEMO
Records Found: 3421
(fictitious data)
For Official Use Only (FOUO) - Privacy Act of 1974 Applies
This is not an official System of Record; do not use as a patient's electronic Medical Rec
Return to Main Page
Open Report in Excel
Patient Name
Sponsor SSN
DDS
DOB
BenCat
PCM Name
Provider Group
Age
Gender
Street 1
Street 2
City
ABREGO DANIELL 11 May 1962 ADAF MCCOY L 999th DEMO MED GRP 40.56 F AIMHIGH
ABREGO GENARO 08 Jun 1992 ADFMLY MCCOY L 999th DEMO MED GRP 10.48 M AIMHIGH
ABREGO TAWANNA 11 Sep 1996 ADFMLY MCCOY L 999th DEMO MED GRP 6.22 F AIMHIGH
ABREU JEFFIE 22 Apr 1977 ADAF MCCOY L 999th DEMO MED GRP 25.61 F AIMHIGH
ACKLIN GENARO 08 Jun 1965 ADAF MCCOY L 999th DEMO MED GRP 37.48 M AIMHIGH
ACKLIN JANYCE 23 Apr 1985 ADFMLY MCCOY L 999th DEMO MED GRP 17.61 F AIMHIGH
ACKLIN LAURE 14 Aug 1967 ADFMLY MCCOY L 999th DEMO MED GRP 35.3 F AIMHIGH
ACKLIN RICARDA 06 Mar 1992 ADFMLY MCCOY L 999th DEMO MED GRP 10.74 F AIMHIGH
ACKLIN VALORIE 24 Jun 1988 ADFMLY MCCOY L 999th DEMO MED GRP 14.44 F AIMHIGH
ACTON JAYSON 26 Aug 1936 RTAF MCCOY L 999th DEMO MED GRP 66.26 M AIMHIGH
ADAME THEO 24 Oct 1981 ADAF MCCOY L 999th DEMO MED GRP 21.1 M AIMHIGH
ADAMES AUSTIN 02 Mar 1986 ADFMLY MCCOY L 999th DEMO MED GRP 16.75 M AIMHIGH
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ADDISON ELLIOTT 09 Jul 1976 ADAF MCCOY L 999th DEMO MED GRP 26.4 M AIMHIGH
ADDISON EVON 05 Sep 1997 ADFMLY MCCOY L 999th DEMO MED GRP 5.24 F AIMHIGH
AITKEN DALE 10 Jan 1948 RTAF MCCOY L 999th DEMO MED GRP 54.89 M AIMHIGH

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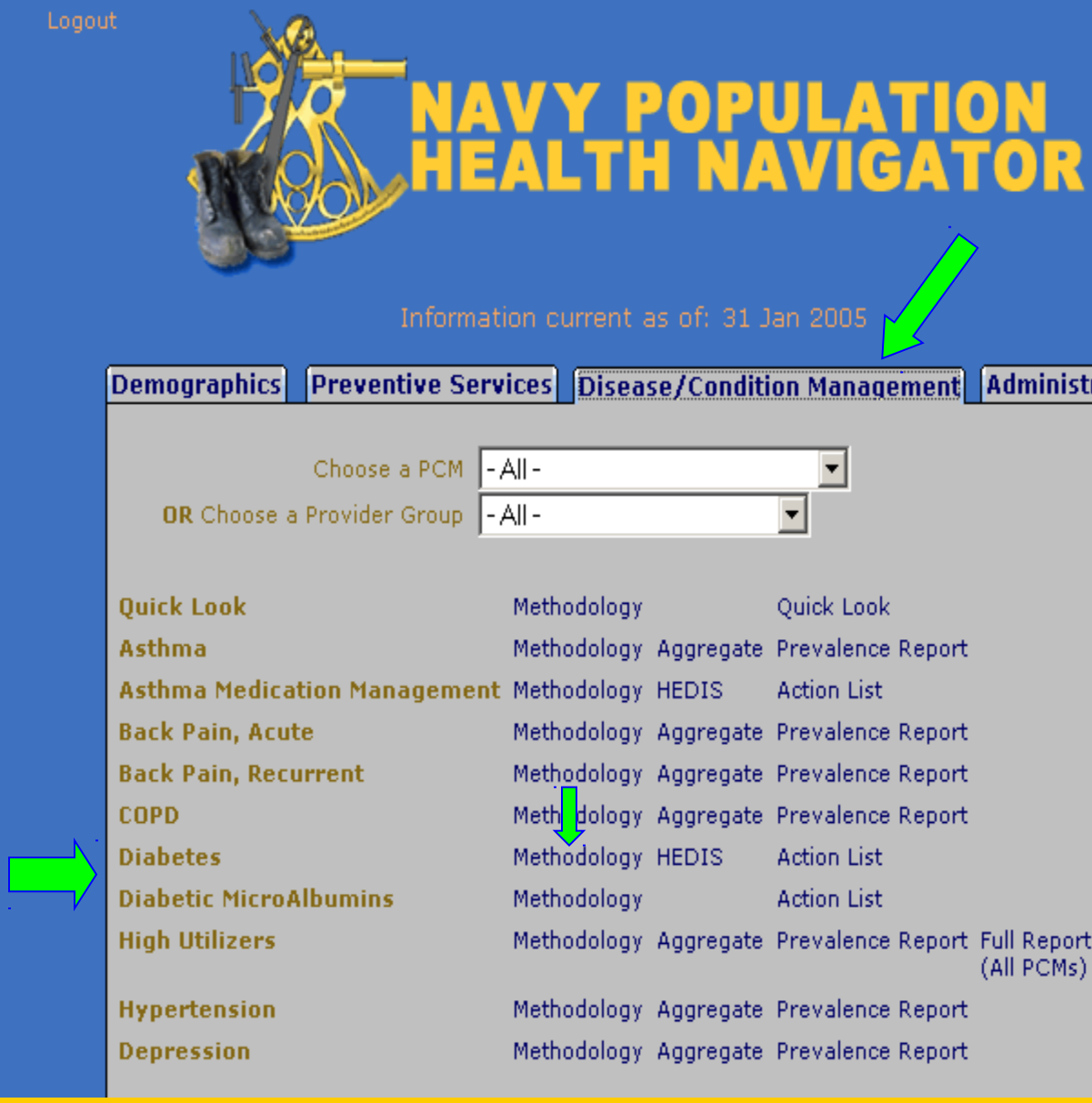
NAVAL POPULATION HEALTH NAVIGATOR
Information current as of: 31 Mar 2004
Demographics
Preventive Services
Disease/Condition Management
Administration
Choose a PCM
- All -
Beta Blockers after MI Methodology Action List
Breast Cancer Screening Methodology HEDIS Action List
Cardiovascular Disease Methodology Action List
Cervical Cancer Screening Methodology HEDIS Action List
Lipid Panel Methodology Prevalence Report
Childhood Immunizations Methodology
HEDIS Performance Report (PDF)
Invalid Doses Adobe PDF
Missing Immunizations Adobe PDF
Preventive Services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NAVY POPULATION HEALTH NAVIGATOR
Information current as of: 31 Jan 2005
Demographics
Preventive Services
Disease/Condition Management
Administration
Choose a PCM
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OR Choose a Provider Group
- All -
Quick Look Methodology Quick Look
Asthma Methodology Aggregate Prevalence Report
Asthma Medication Management Methodology HEDIS Action List
Back Pain, Acute Methodology Aggregate Prevalence Report
Back Pain, Recurrent Methodology Aggregate Prevalence Report
COPD Methodology Aggregate Prevalence Report
Diabetes Methodology HEDIS Action List
Diabetic MicroAlbumins Methodology Action List
High Utilizers Methodology Aggregate Prevalence Report Full Report (All PCMs)
Hypertension Methodology Aggregate Prevalence Report
Depression Methodology Aggregate Prevalence Report

Disease/Condition

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Diabetes Care

MHS WEB PORTAL METHODOLOGY & MEASUREMENT

Background:

The MHS Population Health Web Portal methodology is based on the 2005 Health Plan Employer Data and Information Set (HEDIS®) criteria. These are a set of criteria used to benchmark treatment facilities using a common methodology; they should not be confused with clinical practice guidelines. A set of comprehensive diabetes benchmarking measurements were selected for diabetic patients age 18-75. As a set they provide a comprehensive view of the clinical management of patients diagnosed with diabetes. The "action report" provided to treatment facilities on the MHS Population Health Web Portal includes information regarding annual A1c testing, A1c control, LDL screening, retinal eye exams, and monitoring for kidney disease (*to be added at later date*) in MTF enrollees ≥ age 1.

Measure Definitions:

- Percent of patients enrolled to DoD MTFs with Type 1 or Type 2 diabetes ages 18 through 75 years with at least one ***A1c test*** during the past year.
- Percent of patients enrolled to DoD MTFs with Type 1 or Type 2 diabetes ages 18 through 75 years with ***A1c values >9.0% or no A1c test*** during the past year.
- Percent of patients enrolled to DoD MTFs with Type 1 or Type 2 diabetes ages 18 through 75 years who had their most recent ***LDL-C lab*** (performed sometime during the past two years) with a value ***<100mg/dl*** (enrollees with no test on record will be assumed to be above 100 mg/dl).
- Percent of patients enrolled to DoD MTFs with Type 1 or Type 2 diabetes ages 18 through 75 years who had a ***retinal or dilated eye exam,*** (see numerator definition for time period).

Benchmarks:

Health Plan Employer Data and Information Set (HEDIS®) 50th 75th 90th percentiles:

HEDIS Metric

- Definition: Percentage of patients continuously enrolled to an MTF with Type 1 or Type 2 diabetes (18-75yo) with:
  - At least one HbA1c in the last year
  - **With HbA1c ≤ 9.0%**
  - **With LDL < 100 mg/dl**
  - With retinal or dilated eye exam in last 1-2yrs (depending)
    - If on insulin, if A1c > 8, if dx of diabetic retinopathy then qYr
- Includes:
  - Patients diagnosed with Diabetes (250.xx, 357.2, 362.0, 366.41, 648.0)
    - 1 Inpatient Admission **OR** 1 ER visit **OR** 2 outpatient visits
  - Patients with Diabetic Meds in last 24 months (MTF, network, mail order)
  - Both MTF & network care
  - Action List contains all diabetics > 1yo
- Excludes:
  - Polycystic Ovarian Syndrome, Steroid-Induced Diabetes, Gestational Diabetes
  - Metformin as a diabetic medication
- Benchmark: A1C = **79%** LDL = **43%** (HEDIS 90th percentile)
- Navy Average: A1C = **75.4%** LDL = **47.56%**

Logout

NAVY POPULATION HEALTH NAVIGATOR

Information current as of: 31 Jan 2005

Demographics | Preventive Services | Disease/Condition Management | Administration

Choose a PCM: - All -

OR Choose a Provider Group: - All -

Quick Look	Methodology		Quick Look	
Asthma	Methodology	Aggregate	Prevalence Report	
Asthma Medication Management	Methodology	HEDIS	Action List	
Back Pain, Acute	Methodology	Aggregate	Prevalence Report	
Back Pain, Recurrent	Methodology	Aggregate	Prevalence Report	
COPD	Methodology	Aggregate	Prevalence Report	
Diabetes	Methodology	HEDIS	Action List	
Diabetic MicroAlbumins	Methodology		Action List	
High Utilizers	Methodology	Aggregate	Prevalence Report	Full Report (All PCMs)
Hypertension	Methodology	Aggregate	Prevalence Report	
Depression	Methodology	Aggregate	Prevalence Report	

Logout

NAVY POPULATION HEALTH NAVIGATOR

Information current as of: 31 Jan 2005

Aggregate Report: Diabetes - A1C, LDL, and Retinal Exam -

Return to Main Page

Total Diabetics w/o A1C Exam:	63
Total Diabetics w/ A1C Exam:	259
Total # of HEDIS Diabetics (Age 18+ Years):	322

= 80%

Total Diabetics w/ A1C >9.0 or no test:	103
Total Diabetics w/ A1C <= 9.0:	219
Total # of HEDIS Diabetics (Age 18+ Years):	322

= 68%*

Total Diabetics w/LDL >= 100 or no test:	205
Total Diabetics w/LDL < 100:	117
Total # of HEDIS Diabetics (Age 18+ Years):	322

= 36%*

Total Diabetics w/o Retinal Exam:	225
Total Diabetics w/ Retinal Exam:	97
Total # of HEDIS Diabetics (Age 18+ Years):	322

= 30%

% A1c compliance = 219/322 = 68%

*These are the values that appears in the PHN Dashboard and the BUMED Business Plan

Logout

NAVY POPULATION HEALTH NAVIGATOR

Information current as of: 31 Jan 2005

Demographics | Preventive Services | Disease/Condition Management | Administration

Choose a PCM: - All -

OR Choose a Provider Group: - All -

Quick Look	Methodology		Quick Look	
Asthma	Methodology	Aggregate	Prevalence Report	
Asthma Medication Management	Methodology	HEDIS	Action List	
Back Pain, Acute	Methodology	Aggregate	Prevalence Report	
Back Pain, Recurrent	Methodology	Aggregate	Prevalence Report	
COPD	Methodology	Aggregate	Prevalence Report	
Diabetes	Methodology	HEDIS	Action List	
Diabetic MicroAlbumins	Methodology		Action List	
High Utilizers	Methodology	Aggregate	Prevalence Report	Full Report (All PCMs)
Hypertension	Methodology	Aggregate	Prevalence Report	
Depression	Methodology	Aggregate	Prevalence Report	

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- Action List contains:
  - Patient Info: name, SSN, DOB, age, BenCat
  - Provider Info: PCM name, group
  - Patient Contact Info: address, phone
  - Lab Test/Date: A1c, LDL, Tchol, HDL, Chol/HDL
  - Pharm Data: # Rx, Insulin
  - Utilization data: # Inpt, ED, Outpatient Visits
  - Retinopathy screening: date
  - Nephropathy screening: separate module

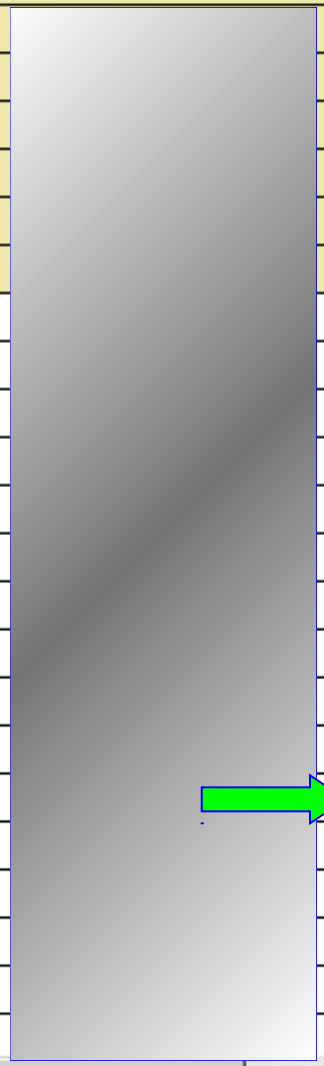
  - Those w/o A1c are highlighted, then sorted by date of last A1c

cords Found: 240

plies

EALTH NAVIGATOR

N	DDS	DOB	Age	BenCat	PCM Name	Provider Group	Outpatient Visits	Hospitalizations	ER Visits	Rx Count	T
	20	25 May 1948	55.85	RTN		INT MED CL NH-GRP				25	
	20	28 Sep 1954	49.51	ADA		FAM PRACTICE NH-GRP	4				
	31	08 Jan 1953	51.23	ADFMLY		FAM PRACTICE NH-GRP	4			2	
	31	05 Jul 1968	35.74	ADFMLY		FAM PRACTICE NH-GRP	1			15	
	30	01 May 1942	61.92	RTFMLY		FAM PRACTICE NH-GRP	2				
	30	05 Mar 1953	51.07	RTFMLY		FAM PRACTICE NH-GRP	2				
	30	20 Aug 1950	53.61	RTFMLY		FAM PRACTICE NH-GRP	3				HEMO
	20	29 Oct 1949	54.42	RTN		FAM PRACTICE NH-GRP	2			10	HEMO
	20	25 May 1950	53.85	RTA		FAM PRACTICE NH-GRP	8			6	HEMO
	30	01 Jul 1959	44.75	ADFMLY		FAM PRACTICE NH-GRP	3			10	HEMO
	20	28 Dec 1949	54.26	RTN		FAM PRACTICE NH-GRP	6				HEMO
	20	12 Apr 1961	42.97	ADA		FAM PRACTICE NH-GRP	5	1		11	HEMO
	30	09 Jun 1960	43.81	RTFMLY		FAM PRACTICE NH-GRP	6			4	HEMO
	20	15 May 1953	50.88	RTN		FAM PRACTICE NH-GRP	1			8	HEMO
	30	06 Oct 1973	30.48	ADFMLY		FAM PRACTICE NH-GRP				5	xCALC HI
	20	04 Apr 1942	61.99	RTN		INT MED CL NH-GRP	9	1	1	16	HEMO
	20	18 Jul 1961	42.7	RTN			10			9	HEMO
	30	11 Sep 1941	62.55	RTFMLY		FAM PRACTICE NH-GRP	1	4			HEMO
	30	31 May 1963	40.84	ADFMLY		FAM PRACTICE NH-GRP	5			3	HEMO
	20	06 Dec 1956	47.32	RTA		FAM PRACTICE NH-GRP	3				HEMO
	30	12 Aug 1957	46.63	ADFMLY		FAM PRACTICE NH-GRP	3				HEMO
	01	30 Dec 1992	11.25	ADFMLY		FAM PRACTICE NH-GRP	8			31	HEMO



Address https://pophealth.afms.mil/tsphp/std_report_action.cfm?RequestTimeout=1000 Go

Count	Test Name	HbA1C Date	HbA1C Result	Retinal Date	LDL Date	LDL	Chol CertDate	CHOL	HDL CertDate	HDL	Ch
25		No Exam Found									
		No Exam Found		04 Apr 2003	17 Feb 2004	155	17 FEB 2004	236	17 FEB 2004	58	
2		No Exam Found			08 Jan 2004	105	08 JAN 2004	184	08 JAN 2004	42	
5		No Exam Found									
		No Exam Found		19 Aug 2003	06 Nov 2003	110	06 NOV 2003	206	06 NOV 2003	79	
		No Exam Found		15 Sep 2003	03 Oct 2003	142	03 OCT 2003	226	03 OCT 2003	41	
	HEMOGLOBIN A1C	17 May 2002	5.4	12 Apr 2003	14 May 2002	150	14 MAY 2002	250	14 MAY 2002	65	
0	HEMOGLOBIN A1C	14 Jun 2002	7		25 Apr 2002	67	25 APR 2002	147	25 APR 2002	61	
6	HEMOGLOBIN A1C	02 Jul 2002	8.2	29 Aug 2002	06 Jun 2002	66	06 JUN 2002	118	06 JUN 2002	35	
0	HEMOGLOBIN A1C	09 Sep 2002	6.5		29 Jul 2003	122	29 JUL 2003	200	29 JUL 2003	50	
	HEMOGLOBIN A1C	01 Oct 2002	4.5	20 Jun 2003	12 Nov 2002	73	12 NOV 2002	184	12 NOV 2002	38	
1	HEMOGLOBIN A1C	09 Oct 2002	6.1	11 Mar 2004	25 Feb 2004	119	25 FEB 2004	224	25 FEB 2004	49	
4	HEMOGLOBIN A1C	11 Nov 2002	5.2	12 Jun 2002							
8	HEMOGLOBIN A1C	26 Nov 2002	5.5		23 Nov 2002	111	23 NOV 2002	185	23 NOV 2002	47	
5	xCALC HEMOGLOBIN A1C	11 Dec 2002	5		06 Mar 2003	166	06 MAR 2003	261	06 MAR 2003	51	
6	HEMOGLOBIN A1C	03 Jan 2003	6.3	12 Jan 2004	30 Jan 2004	84	30 JAN 2004	150	30 JAN 2004	44	
9	HEMOGLOBIN A1C	24 Jan 2003	7.1	06 Feb 2003	06 Jun 2003	151	06 JUN 2003	221	06 JUN 2003	42	
	HEMOGLOBIN A1C	27 Jan 2003	5.8		27 Jan 2003	117	27 JAN 2003	222	27 JAN 2003	57	
3	HEMOGLOBIN A1C	28 Jan 2003	7		22 May 2002	155	22 MAY 2002	290	22 MAY 2002	41	
	HEMOGLOBIN A1C	29 Jan 2003	5.3	21 Jan 2003	10 Jun 2003	130	10 JUN 2003	206	10 JUN 2003	52	
	HEMOGLOBIN A1C	29 Jan 2003	4.4	24 Dec 2002	29 May 2003	132	29 MAY 2003	185	29 MAY 2003	35	
1	HEMOGLOBIN A1C	10 Mar 2003	9.9	10 Feb 2004	18 Oct 2002	94	17 OCT 2002	169	18 OCT 2002	58	

Address https://pophealth.afms.mil/tsphp/std_report_action.cfm?RequestTimeout=1000 Go

Report Results: Diabetes

Facility: | **PCM: - All -** **Records Found: 240**

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Return to Main Page | Open Report in Excel

NAVAL POPULATION HEALTH NAVIGATOR

Patient Name	Sponsor SSN	DDS	DOB	Age	BenCat	PCM Name	Provider Group	Outpatient Visi
[redacted]	[redacted]		25 May 1948	55.85	RTN	[redacted]	INT MED CL NH-GRP	
			28 Sep 1954	49.51	ADA		FAM PRACTICE NH-GRP	4
			08 Jan 1953	51.23	ADFMLY		FAM PRACTICE NH-GRP	4
			05 Jul 1968				FAM PRACTICE NH-GRP	1
			01 May 1942				FAM PRACTICE NH-GRP	2
			05 Mar 1953				FAM PRACTICE NH-GRP	2
			20 Aug 1950				FAM PRACTICE NH-GRP	3
			29 Oct 1949				FAM PRACTICE NH-GRP	2
			25 May 1950				FAM PRACTICE NH-GRP	8
			01 Jul 1959	44		VID R	FAM PRACTICE NH-GRP	3
			28 Dec 1949	54		ARK V	FAM PRACTICE NH-GRP	6
			12 Apr 1961	43		H L	FAM PRACTICE NH-GRP	5
			09 Jun 1960	43		E M	FAM PRACTICE NH-GRP	6
			15 May 1953	50.88	RTN		FAM PRACTICE NH-GRP	1
			06 Oct 1973	30.48	ADFMLY		FAM PRACTICE NH-GRP	
			04 Apr 1942	61.99	RTN		INT MED CL NH-GRP	9
			18 Jul 1961	42.7	RTN			10
			11 Sep 1941	62.55	RTFMLY		FAM PRACTICE NH-GRP	1
			31 May 1963	40.84	ADFMLY		FAM PRACTICE NH-GRP	5
			06 Dec 1956	47.32	RTA		FAM PRACTICE NH-GRP	3
			12 Aug 1957	46.63	ADFMLY		FAM PRACTICE NH-GRP	3
			30 Dec 1992	11.25	ADFMLY		FAM PRACTICE NH-GRP	8

Annotation - Microsoft Intern...

Select a comment for this record

- Select a comment for this record
- HgBA1C test needed
- HgBA1C test ordered
- LDL-C test needed
- LDL-C test ordered
- Lipid Panel test needed
- Lipid Panel test ordered
- Retinal Exam needed
- Retinal Exam scheduled

Standard Report Output - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites Media

Address https://pophealth.afms.mil/tsphp/std_report_action.cfm

Found: 26

es

ALTH NAVIGATOR

DDS	DOB	Age	BenCat	PCM Name	Provider Group	Test	Result	Test Date
30	05 Jun 1961	43	ADFMLY		FAMILY PRACTICE	MICROALBUMIN URINE	35	16 Jan 2002
30	24 Jul 1946	58	RTFMLY		FAMILY PRACTICE	MICROALBUMIN URINE	10.7	30 Jan 2002
30	05 Jun 1961	43	ADFMLY		FAMILY PRACTICE	MICROALBUMIN URINE	33	13 Mar 2002
30	05 Jun 1961	43	ADFMLY		FAMILY PRACTICE	MICROALBUMIN URINE	.5	05 Jun 2002
31	29 Jan 1951	54	RTFMLY		FAMILY PRACTICE	MICROALBUMIN URINE	13.4	05 Jun 2002
20	22 Oct 1956	48	RTN		FAMILY PRACTICE	MICROALBUMIN URINE	7.65	11 Oct 2002
31	23 Jun 1955	49	RTFMLY		FAMILY PRACTICE	MICROALBUMIN URINE	104	06 Nov 2002
31	29 Jan 1951	54	RTFMLY		FAMILY PRACTICE	MICROALBUMIN URINE	13.1	12 Feb 2003
20	22 Oct 1956	48	RTN		FAMILY PRACTICE	MICROALBUMIN URINE	10.4	31 Mar 2003
31	23 Jun 1955	49	RTFMLY		FAMILY PRACTICE	MICROALBUMIN URINE	3.62	02 Apr 2003
30	05 Jun 1961	43	ADFMLY		FAMILY PRACTICE	MICROALBUMIN URINE	23	19 May 2003
31	23 Jun 1955	49	RTFMLY		FAMILY PRACTICE	MICROALBUMIN UA	53.1	18 Feb 2004
30	12 Feb 1945	59	RTFMLY		FAMILY PRACTICE	MICROALBUMIN UA	5.92	12 Mar 2004
20	22 Oct 1956	48	RTN		FAMILY PRACTICE	MICROALBUMIN UA	10.2	23 Jun 2004
31	29 Jan 1951	54	RTFMLY		FAMILY PRACTICE	MICROALBUMIN UA	8.75	09 Jul 2004
31	23 Jun 1955	49	RTFMLY		FAMILY PRACTICE	MICROALBUMIN UA	31.7	21 Jul 2004
20	22 Jun 1969	35	ADN		FAMILY PRACTICE	MICROALBUMIN UA	10.1	13 Oct 2004
20	22 Jun 1969	35	ADN		FAMILY PRACTICE	MICROALBUMIN/CR	506	13 Oct 2004
20	22 Jun 1969	35	ADN		FAMILY PRACTICE	MICROALBUMIN/CR	5	22 Oct 2004
20	22 Jun 1969	35	ADN		FAMILY PRACTICE	MICROALBUMIN UA	13	22 Oct 2004
30	24 Jul 1946	58	RTFMLY		FAMILY PRACTICE	MICROALBUMIN U	32	12 Nov 2004
20	31 Oct 1948	56	RTAF		FAMILY PRACTICE	MICROALBUMIN UA	3.52	08 Dec 2004
30	12 Feb 1945	59	RTFMLY		FAMILY PRACTICE	MICROALBUMIN UA	4.3	15 Dec 2004
20	22 Oct 1956	48	RTN		FAMILY PRACTICE	MICROALBUMIN UA	9.14	05 Jan 2005
31	29 Jan 1951	54	RTFMLY		FAMILY PRACTICE	MICROALBUMIN UA	13.4	07 Jan 2005

Leveraging PHN Data

Actions that might be considered

- Risk Stratify Patients
  - Find patients haven't had appropriate visits, studies
  - Consider referral to Nutritionist, Pharmacist
  - Contact patients using demographic information
- Assess utilization behavior for intervention
  - Lots of ER visits
  - ER/inpatient visits without outpatient care or studies
  - Consider case management for designated patients

Leveraging PHN Data

Actions that might be considered (cont'd)

- Demand forecast for services
  - E.g. Ophthalmology exams
- Compare quality of care via HEDIS measures
- Download into Excel or Access for further eval'n
  - Sort by age, PCM clinic, PCM provider
  - Create A1C "profile" for population (avg, distribution)

Leveraging PHN data

- Use your Health Care Team!!!
  - WHO is going to identify/contact patients?
  - HOW are you going to contact patients?

  - WHO is going to pull data and HOW often?
  - WHO is going to analyze/distribute the data?
  - HOW will data be used for feedback?

  - WHAT is your current performance?
  - WHAT are your goals/benchmarks?
  - WHAT will you do when you reach your goals?

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Other PHN Features that may be of interest...

- Quick Look Sheet
- High Utilizer File

Logout

NAVY POPULATION HEALTH NAVIGATOR

Information current as of: 31 J[illegible] 2005

Demographics | Preventive Services | Disease/Condition Management | Administration

Choose a PCM: - All -

OR Choose a Provider Group: - All -

Quick Look	Methodology		Quick Look	
Asthma	Methodology	Aggregate	Prevalence Report	
Asthma Medication Management	Methodology	HEDIS	Action List	
Back Pain, Acute	Methodology	Aggregate	Prevalence Report	
Back Pain, Recurrent	Methodology	Aggregate	Prevalence Report	
COPD	Methodology	Aggregate	Prevalence Report	
Diabetes	Methodology	HEDIS	Action List	
Diabetic MicroAlbumins	Methodology		Action List	
High Utilizers	Methodology	Aggregate	Prevalence Report	Full Report (All PCMs)
Hypertension	Methodology	Aggregate	Prevalence Report	
Depression	Methodology	Aggregate	Prevalence Report	

Report Results: Quick Look

Facility: **PCM: - All -** **Records Found: 2079**

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NAVY POPULATION HEALTH NAVIGATOR

Patient Name	Sponsor SSN	FMP	DOB	Age	Sex	BenCat	PCM Name	Provider Group
		20	26 Jan 1951	54	M	RTN		FAMILY PRACTICE OC
		30	29 Jun 1970	34	F	ADFMLY		FAMILY PRACTICE OC
		30	13 Apr 1946	58	F	RTFMLY		FAMILY PRACTICE OC
		20	31 Dec 1971	33	M	ADN		FAMILY PRACTICE OC
		20	12 Apr 1964	40	M	ADN		FAMILY PRACTICE OC
		20	15 Nov 1968	36	F	ADN		FAMILY PRACTICE OC
		20	08 Oct 1976	28	F	ADN		FAMILY PRACTICE OC
		02	04 Apr 2002	2	M	ADFMLY		FAMILY PRACTICE OC
		30	11 Dec 1978	26	F	ADFMLY		FAMILY PRACTICE OC
		02	27 Apr 1985	19	M	RTFMLY		FAMILY PRACTICE OC
		20	14 Oct 1952	52	M	RTN		FAMILY PRACTICE OC
		30	13 Sep 1957	47	F	RTFMLY		FAMILY PRACTICE OC
		01	12 Sep 1989	15	F	ADFMLY		FAMILY PRACTICE OC
		30	06 Oct 1960	44	F	ADFMLY		FAMILY PRACTICE OC
		01	03 Jun 2003	1	M	ADFMLY		FAMILY PRACTICE OC
		30	11 Feb 1972	32	F	ADFMLY		FAMILY PRACTICE OC
		30	11 May 1964	40	F	RTFMLY		FAMILY PRACTICE OC
		20	22 Aug 1972	32	M	ADN		FAMILY PRACTICE OC
		30	12 Nov 1975	29	F	ADFMLY		FAMILY PRACTICE OC
		01	18 Nov 1993	11	M	ADFMLY		FAMILY PRACTICE OC
		20	05 Feb 1943	61	M	RTN		FAMILY PRACTICE OC
		30	13 Oct 1945	59	F	RTFMLY		FAMILY PRACTICE OC
		30	22 Nov 1971	33	F	ADFMLY		FAMILY PRACTICE OC
		02	29 Nov 1998	6	M	ADFMLY		FAMILY PRACTICE OC
		03	24 Sep 2002	2	M	ADFMLY		FAMILY PRACTICE OC

Provider Group	Pap Date	Mammography Date	Hypertension	Asthma	Diabetes	Dyslipidemia	Depression	HU Visits
FAMILY PRACTICE	02 Jun 2004							
FAMILY PRACTICE						YES		
FAMILY PRACTICE			YES		YES	YES		45
FAMILY PRACTICE								30
FAMILY PRACTICE	22 Oct 2003		YES					23
FAMILY PRACTICE	19 Mar 2004					YES		22
FAMILY PRACTICE	01 Jul 2004							22
FAMILY PRACTICE				YES				21
FAMILY PRACTICE	13 Aug 2003					YES		21
FAMILY PRACTICE								20
FAMILY PRACTICE								20
FAMILY PRACTICE	08 Apr 2004							18
FAMILY PRACTICE								18
FAMILY PRACTICE	26 Jan 2005							18
FAMILY PRACTICE								17
FAMILY PRACTICE								16
FAMILY PRACTICE	23 Sep 2004					YES		16
FAMILY PRACTICE	10 Sep 2004							16
				YES				16
FAMILY PRACTICE	22 Apr 2004							16
FAMILY PRACTICE								16
FAMILY PRACTICE	04 Jan 2005							15
FAMILY PRACTICE				YES				15
FAMILY PRACTICE				YES				15
FAMILY PRACTICE	08 Oct 2004							15
FAMILY PRACTICE								15

Logout

NAVY POPULATION HEALTH NAVIGATOR

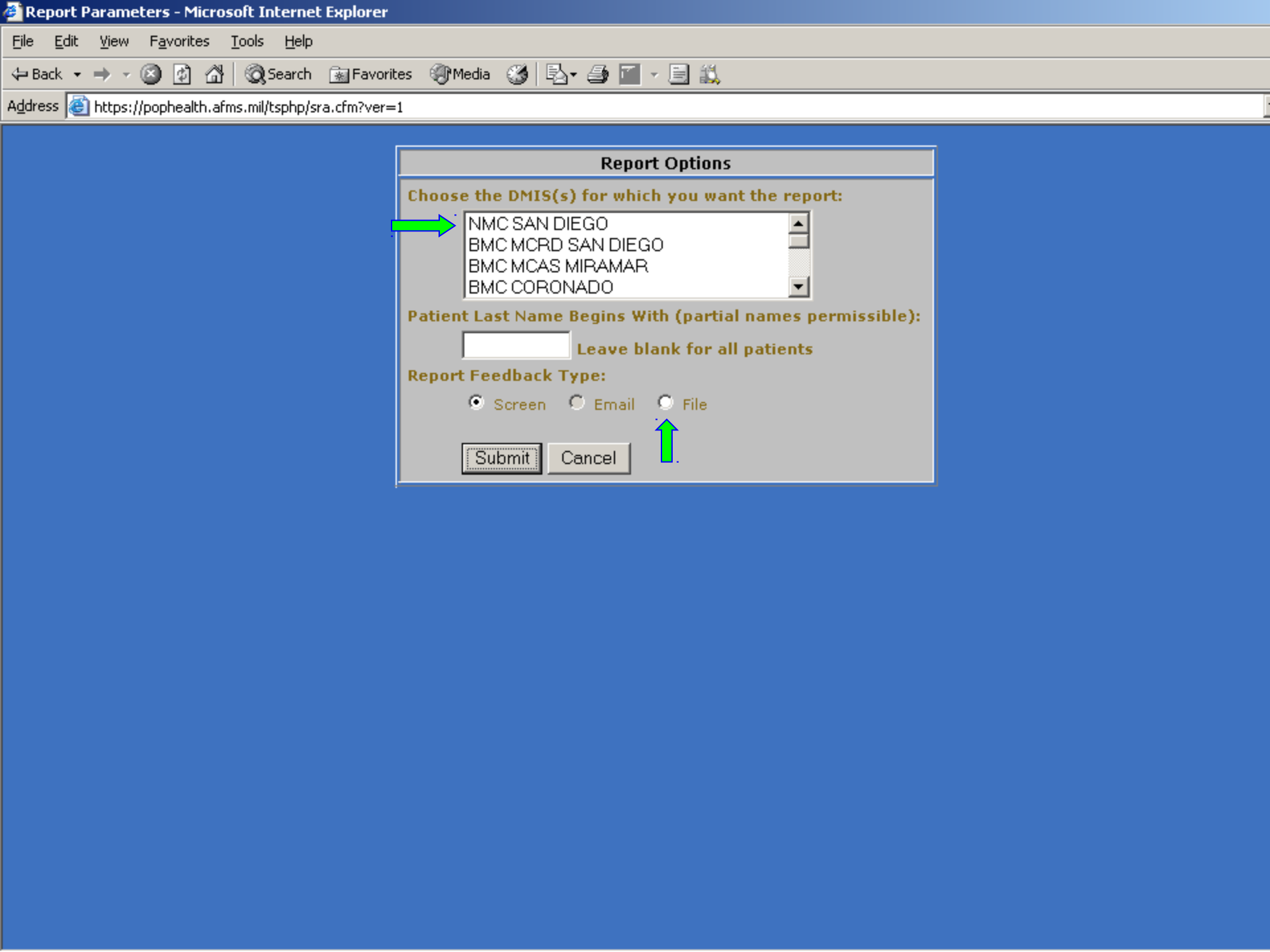
Information current as of: 31 Jan 2005

Demographics | Preventive Services | Disease/Condition Management | Administration

Choose a PCM: - All -

OR Choose a Provider Group: - All -

Quick Look	Methodology		Quick Look	
Asthma	Methodology	Aggregate	Prevalence Report	
Asthma Medication Management	Methodology	HEDIS	Action List	
Back Pain, Acute	Methodology	Aggregate	Prevalence Report	
Back Pain, Recurrent	Methodology	Aggregate	Prevalence Report	
COPD	Methodology	Aggregate	Prevalence Report	
Diabetes	Methodology	HEDIS	Action List	
Diabetic MicroAlbumins	Methodology		Action List	
High Utilizers	Methodology	Aggregate	Prevalence Report	Full Report (All PCMs)
Hypertension	Methodology	Aggregate	Prevalence Report	
Depression	Methodology	Aggregate	Prevalence Report	


Report Parameters - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address https://pophealth.afms.mil/tsphp/sra.cfm?ver=1
Report Options
Choose the DMIS(s) for which you want the report:
NMC SAN DIEGO
BMC MCRD SAN DIEGO
BMC MCAS MIRAMAR
BMC CORONADO
Patient Last Name Begins With (partial names permissible):
Leave blank for all patients
Report Feedback Type:
Screen
Email
File
Submit
Cancel

PCM Name	Provider Group	Date	Clinic	Tmt Location	System	ICD9 Code	ICD9 Description
	FAMILY PRACTICE	23 Sep 2004	BGAA	0104	DIRECT	[illegible]7	CHOND[illegible]ALACIA PATELLAE
	FAMILY PRACTICE	26 Aug 2004	BGAA	0104	DIRECT	V25.9	CONT[illegible]CEPTIVE MANGMT NOS
	FAMILY PRACTICE	12 Jul 2004	BGAA	0104	DIRECT	380.10	INFEC OTITIS EXTERNA NOS
	FAMILY PRACTICE	08 Jul 2004	BGAA	0104	DIRECT	472.0	CHRONIC RHINITIS
	FAMILY PRACTICE	30 Mar 2004	BGAA	0104	DIRECT	477.9	ALLERGIC RHINITIS NOS
	FAMILY PRACTICE	15 Apr 2004	BGAA	0104	DIRECT	599.0	URIN TRACT INFECTION NOS
	FAMILY PRACTICE	20 Apr 2004	BGAA	0104	DIRECT	V72.3	GYNECOLOGIC EXAMINATION
One Patient's Visits	FAMILY PRACTICE	19 Apr 2004	BGAA	0104	DIRECT	311	DEPRESSIVE DISORDER NEC
	FAMILY PRACTICE	03 May 2004	BGAA	0104	DIRECT	311	DEPRESSIVE DISORDER NEC
	FAMILY PRACTICE	20 May 2004	BGAA	0104	DIRECT	789.00	ABDMNAL PAIN UNSPCF SITE
	FAMILY PRACTICE	23 Aug 2004	BGAA	0104	DIRECT	724.5	BACKACHE NOS
	FAMILY PRACTICE	09 Aug 2004	BGAA	0104	DIRECT	724.5	BACKACHE NOS
	FAMILY PRACTICE	01 Jun 2004	BGAA	0104	DIRECT	789.00	ABDMNAL PAIN UNSPCF SITE
	FAMILY PRACTICE	19 May 2004	BGAA	0104	DIRECT	789.00	ABDMNAL PAIN UNSPCF SITE
	FAMILY PRACTICE	15 Sep 2004	BIAE	0104	DIRECT	724.2	LUMBAGO
	FAMILY PRACTICE	22 Jan 2005	BIAE	0104	DIRECT	521.00	DENTAL CARIES NOS
	FAMILY PRACTICE	14 Jan 2005	BIAE	0104	DIRECT	522.5	PERIAPICAL ABSCESS
	FAMILY PRACTICE	21 Dec 2004	BGAA	0104	DIRECT	311	DEPRESSIVE DISORDER NEC
	FAMILY PRACTICE	19 Nov 2004	BGAA	0104	DIRECT	729.5	PAIN IN LIMB
	FAMILY PRACTICE	09 Nov 2004	BGAA	0104	DIRECT	729.5	PAIN IN LIMB
	PEDIATRIC GROUP	09 Apr 2004	BIAE	0104	DIRECT	780.2	SYNCOPE AND COLLAPSE
	PEDIATRIC GROUP	12 Apr 2004	BDAA	0104	DIRECT	V65.40	COUNSELING NOS
	PEDIATRIC GROUP	09 May 2004	BIAE	0104	DIRECT	527.2	SIALOADENITIS
	PEDIATRIC GROUP	14 May 2004	BDAA	0104	DIRECT	782.2	LOCAL SUPRFICIAL SWELLNG
	PEDIATRIC GROUP	18 Jun 2004	GENPRAC	ERHOSP	NETWORK	780.39	CONVULSIONS NEC
	PEDIATRIC GROUP	17 Jul 2004	PEDS	ERHOSP	NETWORK	780.39	CONVULSIONS NEC

NAVY MEDICINE
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To obtain a PHN account:

- Need command endorsement
  - Waived as a special benefit of this class!
- Need to request acct via PHN website

POC: CDR Peggy Sleichter (BUMED)

E-mail: phn.admin@us.med.navy.mil

Phone: #(202) 762-3125

NAVY MEDICINE
World Class Care...Anytime, Anywhere

Population Health Navigator Dashboard

PHN Dashboard

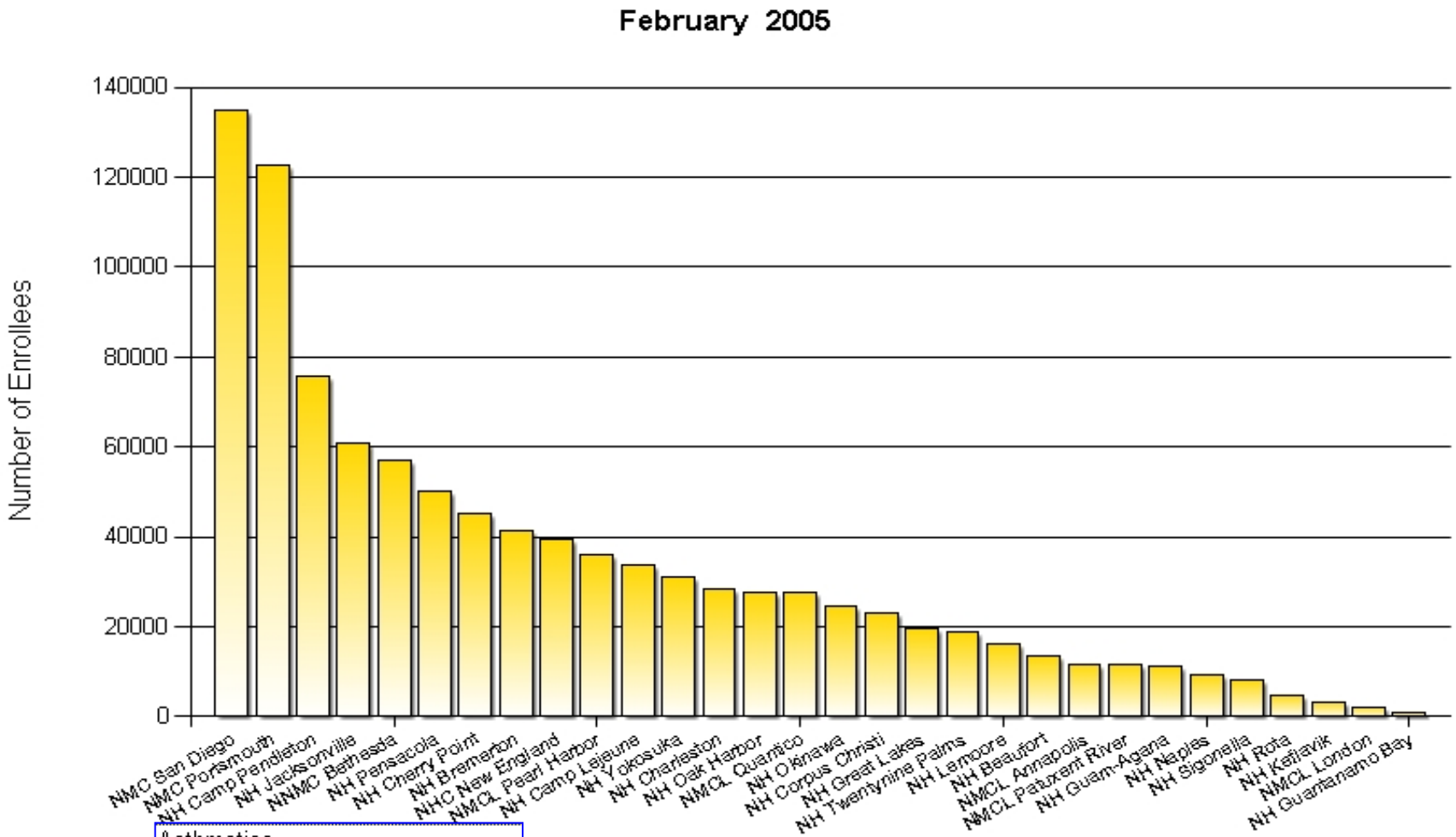
- Now that you know:
  - What is being measured…
  - How it is being measured…
- How do you know you’re doing a good job?
- How are you doing compared to everyone else in the Navy?

BUMED Metric Tracking

- BUMED Business Plan states that clinical goal is to perform greater than HEDIS® 90th percentile.
- Population Health Navigator Dashboard
  - Presents 4 BUMED Clinical Quality metrics
  - Displayed by command, drill down to clinics
  - Compares to other clinics/MTFs, Navy averages, HEDIS® 50th and 90th percentiles
  - Provides denominators, values
  - Updated monthly
  - https://dataquality.med.navy.mil/reconcile/pophealth
  - Also available via NEHC webpage, and NMO as a resource kit

NAVY Population Health Navigator

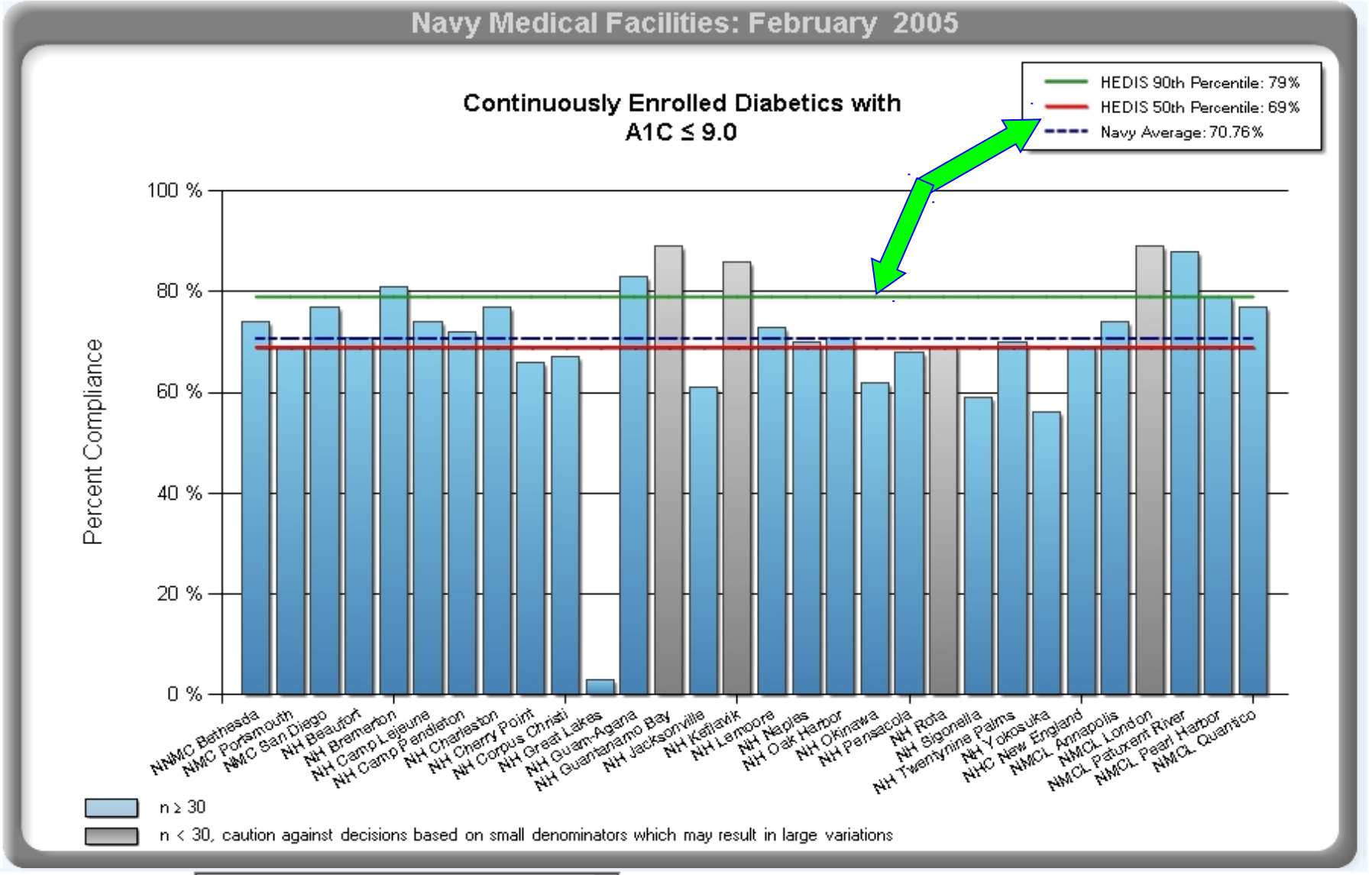
Navy Medical Facilities: Total Enrollment



Asthmatics
Breast Cancer Screening
Diabetics with A1C
Diabetics with LDL
Total Enrollment

Select a Metric: Please select one

Select Month : January, 2005



Select a Metric: Please select one

Select a Parent MTF: ALL

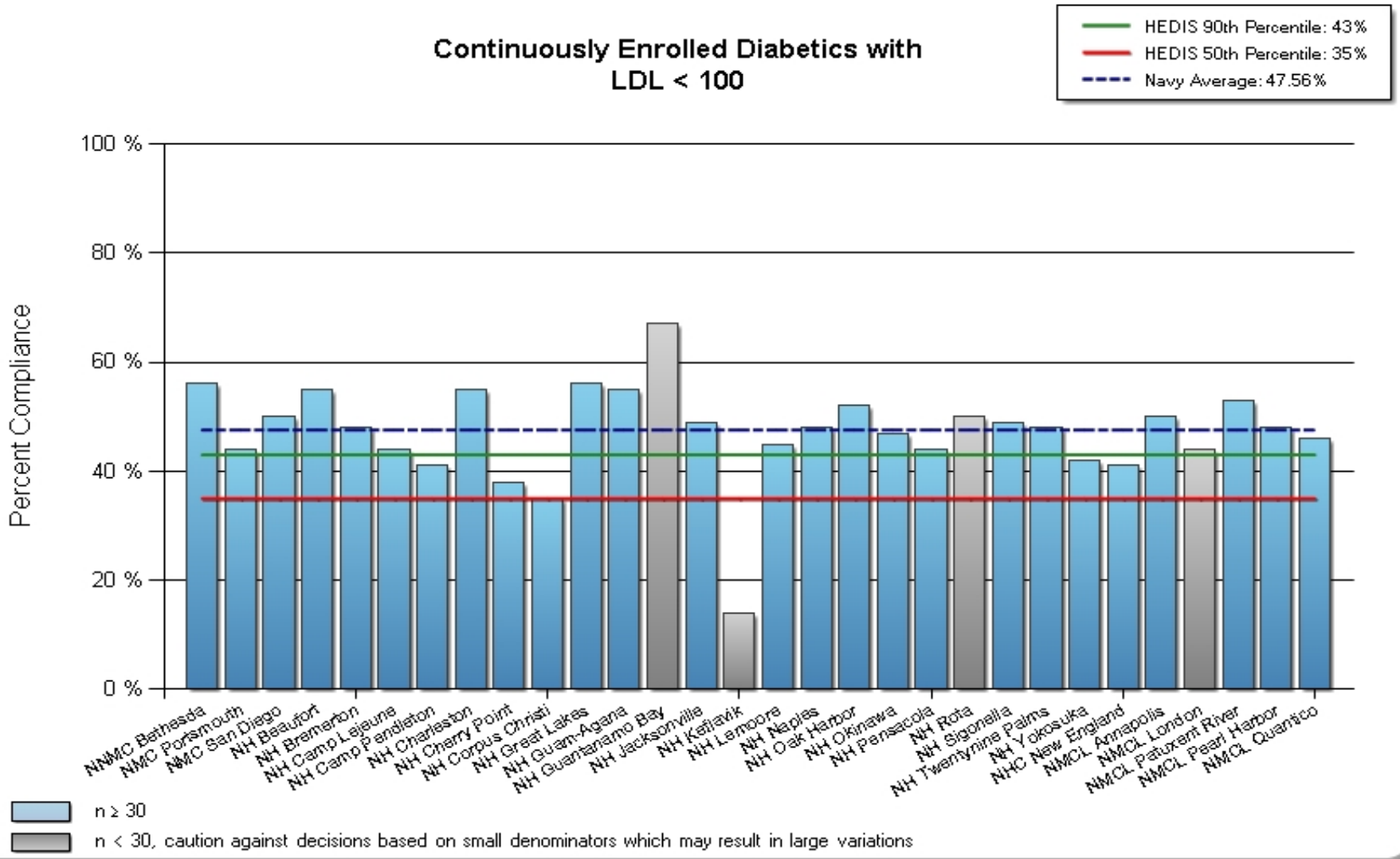
- ALL
- NH Beaufort
- NH Bremerton
- NH Camp Lejeune
- NH Camp Pendleton
- NH Charleston
- NH Cherry Point

☐ Show values ☐ Enrollment Figures

Select Month: December, 2004 ☐ Printer Friendly View

NAVY Population Health Navigator

Navy Medical Facilities: February 2005

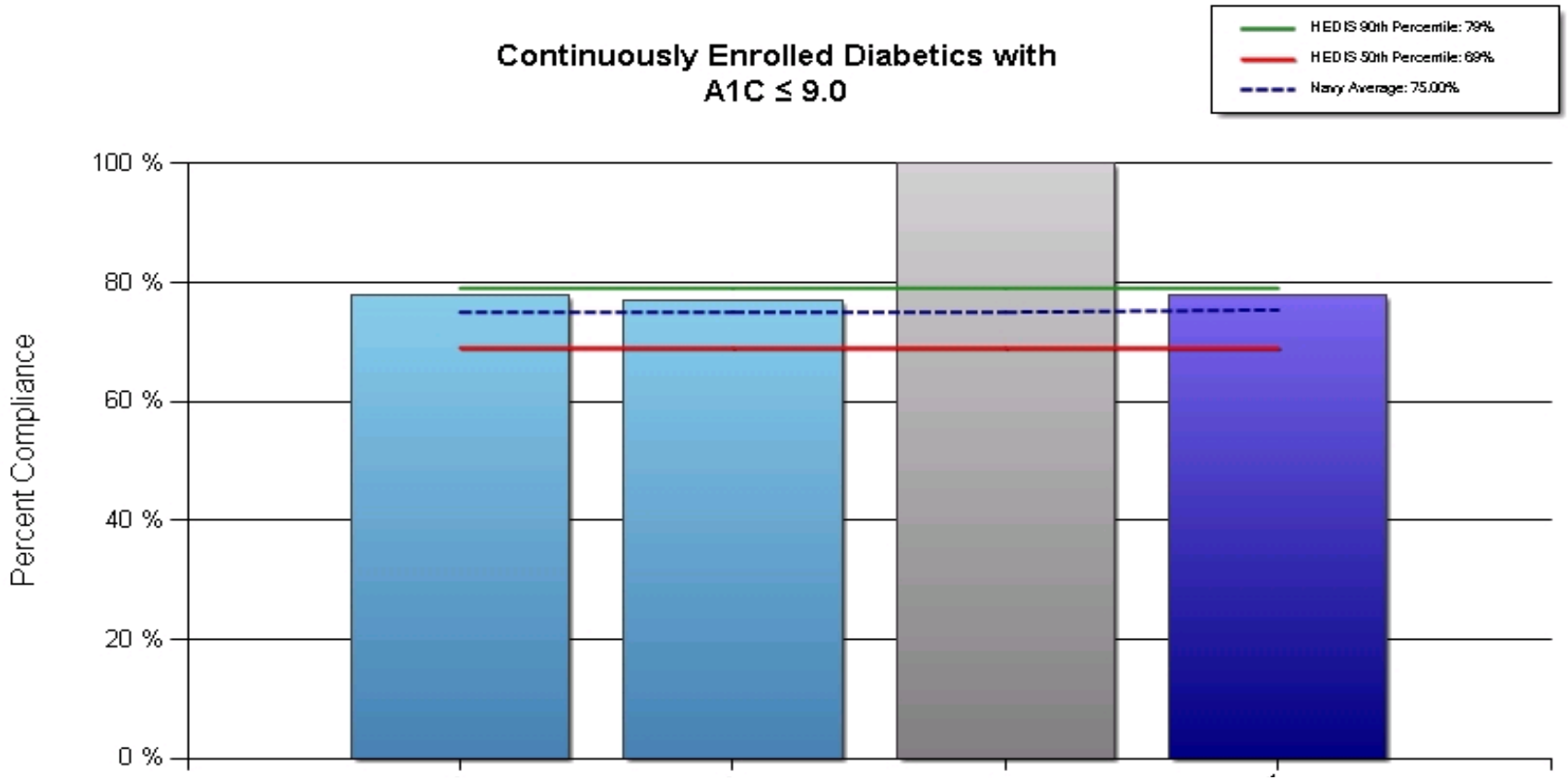


Select a Metric: Please select one ☐ Show values ☐ Enrollment Figures

Select a Parent MTF: ALL Select Month: January, 2005 ☐ Printer Friendly View

NAVY Population Health Navigator

Navy Medical Facilities: (December 2004)



Child DMISs name and Parent DMIS average here

n ≥ 30

n < 30, caution against decisions based on small denominators which may result in large variations

Select a Metric: Please select one

Select a Parent MTF:

Show values

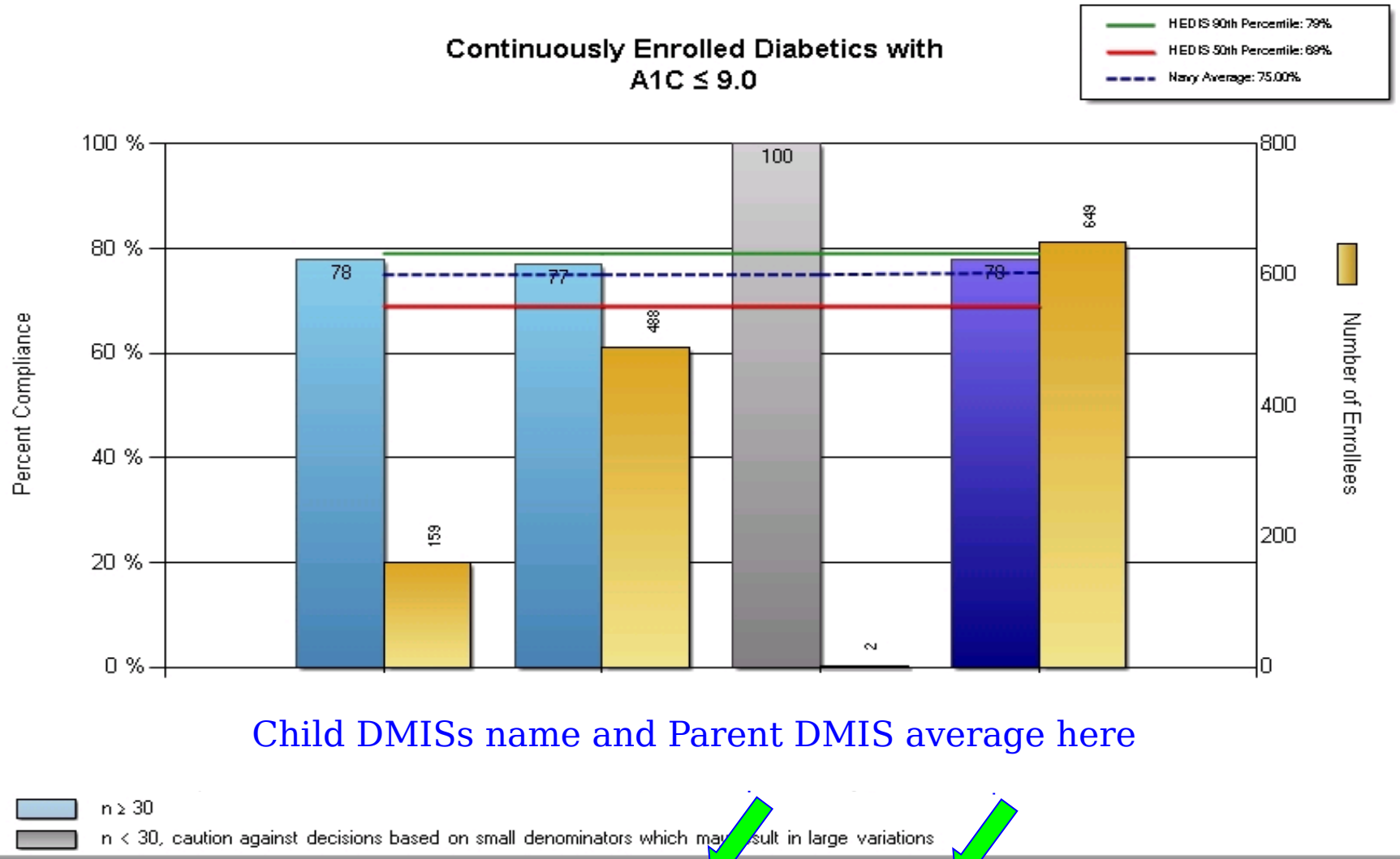
Enrollment Figures

Select Month: December, 2004

Printer Friendly View

NAVY Population Health Navigator

Navy Medical Facilities: (December 2004)



Child DMISs name and Parent DMIS average here

Select a Metric: Please select one

Show values

Enrollment Figures

Select a Parent MTF:

Select Month: December, 2004

Printer Friendly View

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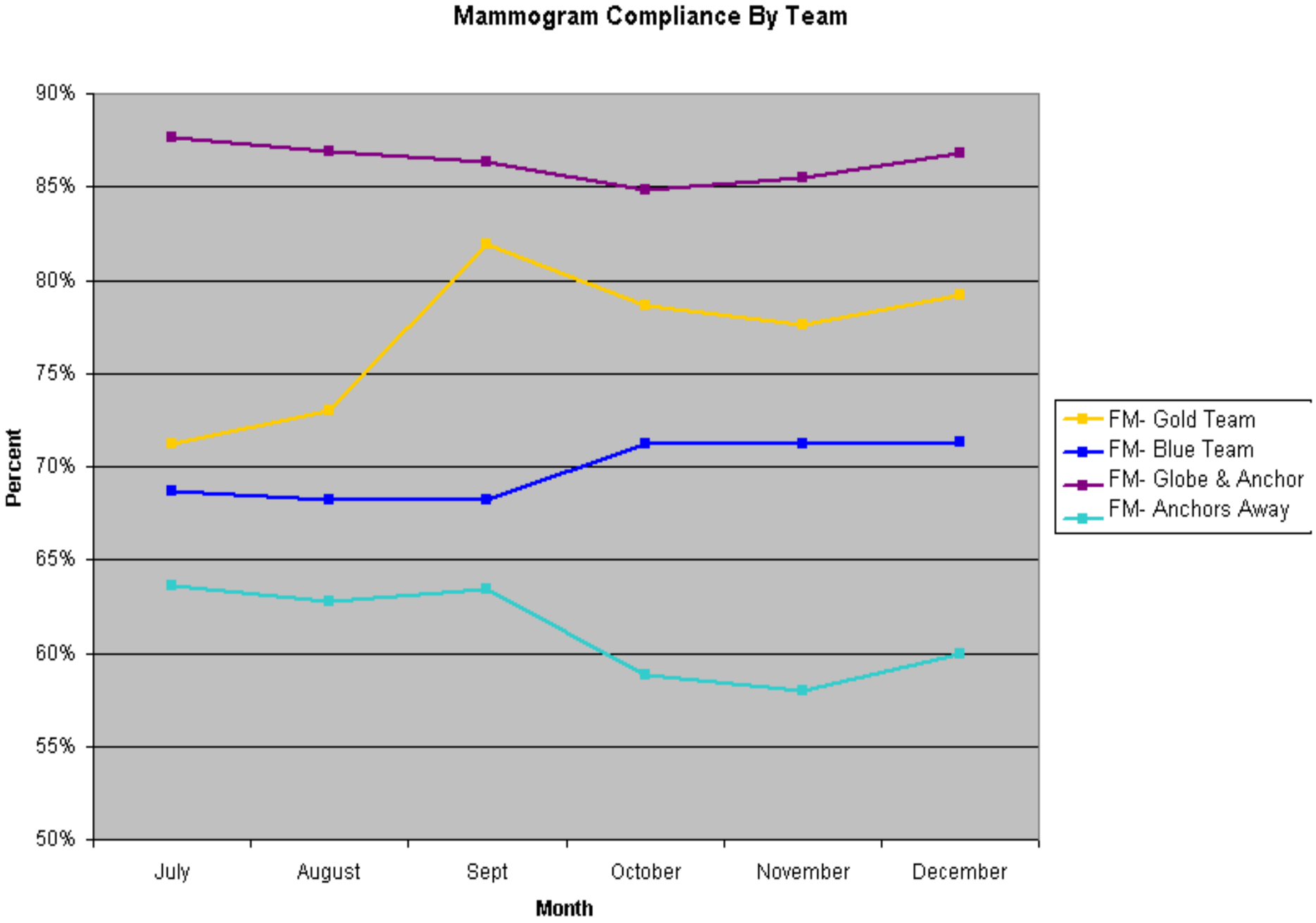
Leveraging PHN Data with Excel

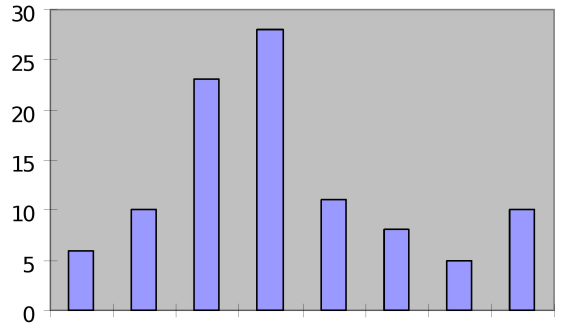

Mammogram Compliance By Team
90%
85%
80%
75%
70%
65%
60%
55%
50%
Percent
July
August
Sept
October
November
December
Month
FM- Gold Team
FM- Blue Team
FM- Globe & Anchor
FM- Anchors Away

Basic Excel Skills

- Basic Excel Skills can serve you well in analyzing PopHealth Navigator data.
  - Sort — e.g. sorting/ranking
  - Filter** — e.g. isolate clinic, doc
  - Sum — =SUM(range) — e.g. utilization metrics
  - Average — =AVERAGE(range) — e.g. average A1C
  - Count If — =COUNTIF(range,"<7") — e.g. A1C <7

Additional Excel Skills

- Intermediate Excel Skills
  - Add-In "Analysis ToolPak" (under "Tools") allows Data Analysis capability
    - Descriptive Statistics (e.g. min, max, mean, SE, SD)
    - Rank and Percentile
    - Histogram



- Advanced Excel Skills
  - Pivot Tables

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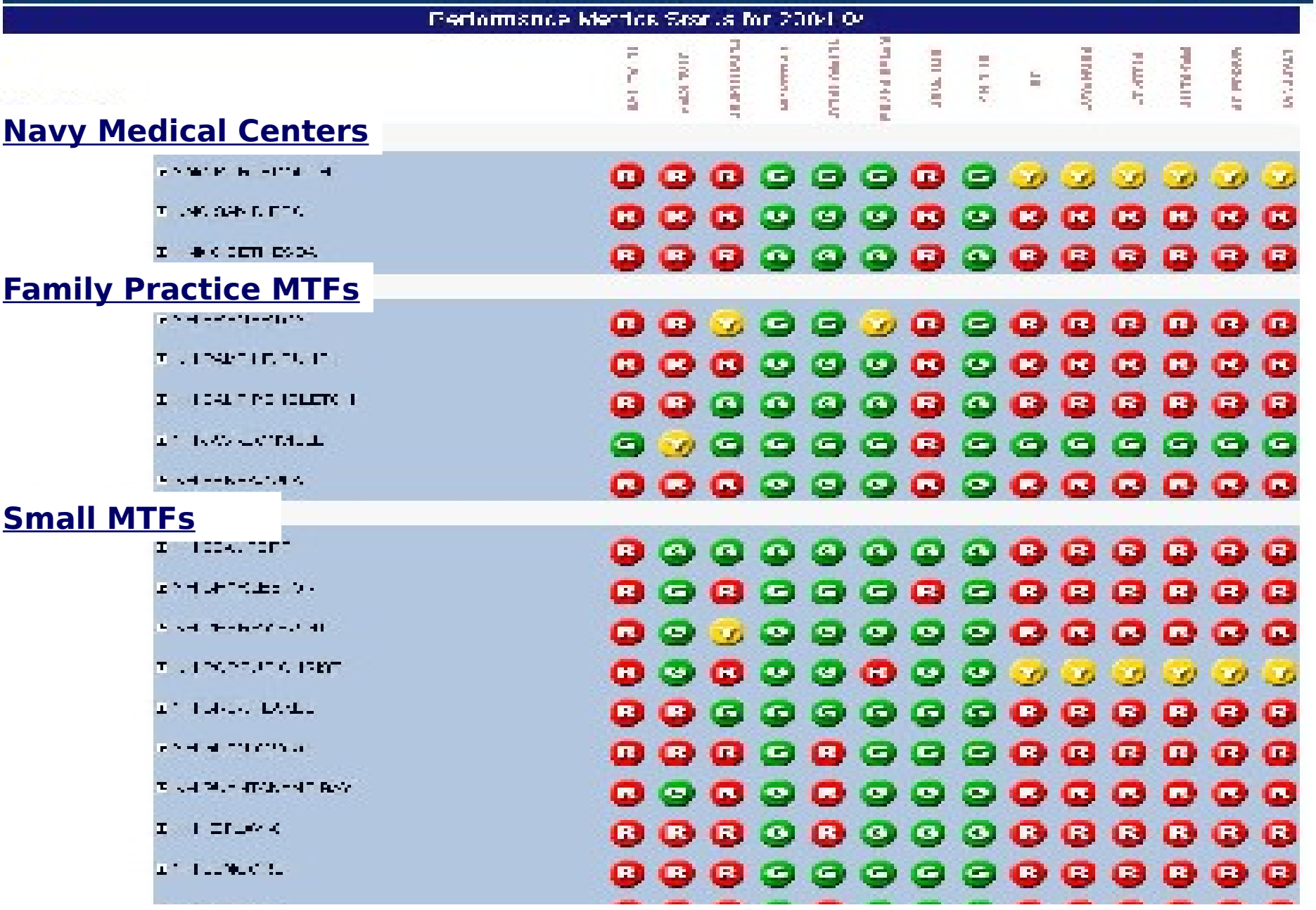
SG's Performance Dashboard
&
Disease/Condition Management
Report Card

Naval Medicine Performance Dashboard



Parent DMIS: 0024 | MTF Name: NH CAMP PENDLETON | Data Time Frame: FY04

MTF Type: FP Teacher

Search for Parent DMIS ID

Pending

Clinical Quality Metrics for: NH CAMP PENDLETON

	HEDIS 90th Percentile		Comparable facility average	Exceeds 90th Percentile?
Diabetes A1C Score	74.46%	Goal = 79%	77.13%	NO
	*percentage of patients with Hemoglobin A1c <= 9.0%			
Diabetes LDL Score	41.07%	Goal = 43%	46.09%	NO
	*percentage of patients with LDL-cholesterol < 100 mg/dl			
Asthma Score	76.43%	Goal = 78%	70.45%	YES
	*percentage of patients with persistent asthma on appropriate long term medications			
Breast Screen Score	74.45%	Goal = 83%	75.29%	NO
	*percentage of women with mammography within the last 2 years			

Financial Metrics for: NH LEMOORE

Diabetes Amount of Care | Diabetes Cost of Care | Asthma Cost of Care | Asthma Amount of Care

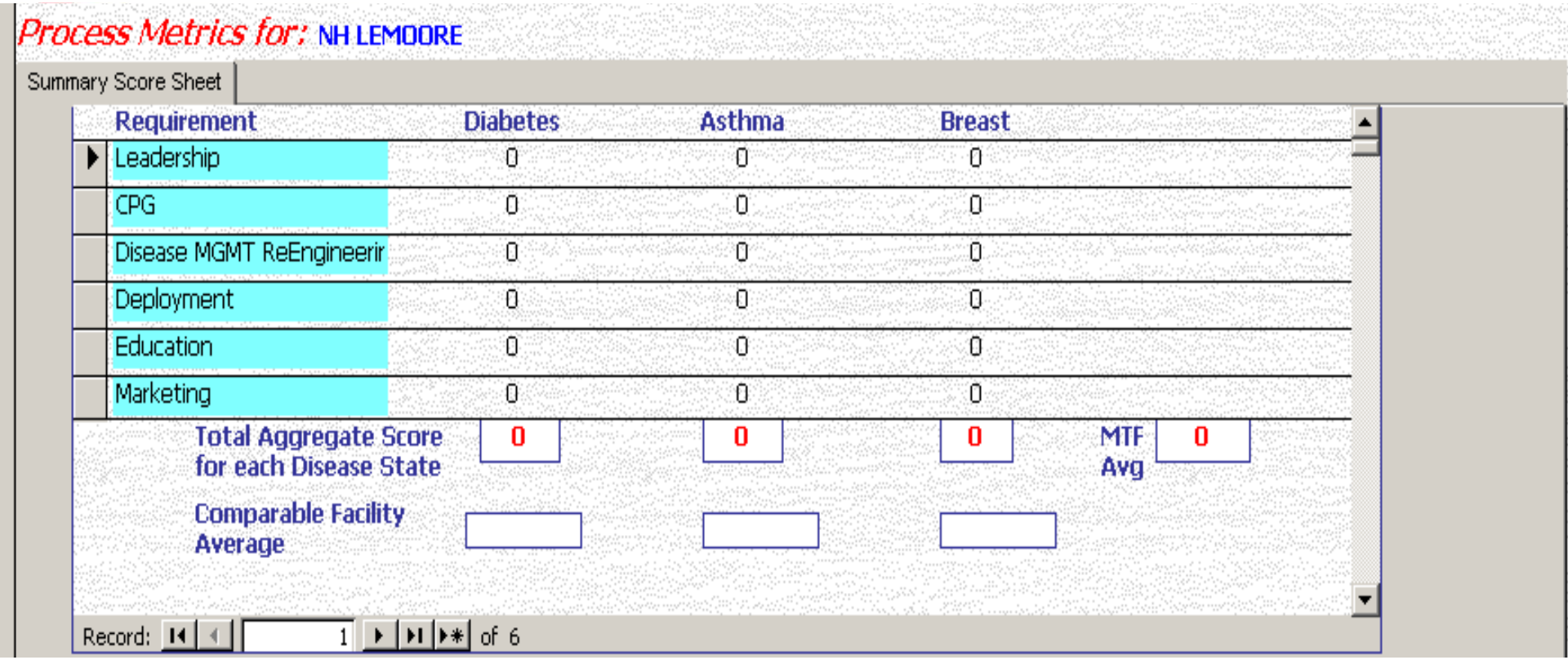
Utilization Metrics: Diabetes Amount of Care

Direct Care	# Encounters	Utilization Rate (pm/py)	Comparable MTF Average (pm/py)
Inpatient Care	0	0	0
Emergency Dept. Care	0	0	0
Outpatient Care	0	0	0

Network Care	# Encounters	Utilization Rate (pm/py)	Comparable MTF Average (pm/py)
Inpatient Care			
Emergency Dept. Care			
Outpatient Care			

Enrollees: 0

Record: 1 of 1


Process Metrics for: NH LEMOORE
Summary Score Sheet
Requirement
Diabetes
Asthma
Breast
Leadership 0 0 0
CPG 0 0 0
Disease MGMT ReEngineerir 0 0 0
Deployment 0 0 0
Education 0 0 0
Marketing 0 0 0
Total Aggregate Score for each Disease State 0 0 0
MTF Avg 0
Comparable Facility Average
Record: 1 of 6

Pending

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Disease Champion Toolkits

Disease State and Condition Management Toolboxes - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address https://dataquality.med.navy.mil/community/Clinical/Disease+Management/default.aspx
Go Links

U.S. Navy Bureau of Medicine and Surgery
Business Planning

Disease State and Condition Management Toolboxes

Diabetes Care and Resources Toolbox
Naval Medicine's Diabetes Care and Resources Toolbox.

Asthma Care and Resources Toolbox
Naval Medicine's Asthma Care and Resources Toolbox.

Breast Health Initiative Toolbox
Naval Medicine's Breast Health Initiative Toolbox.

Most Popular Links
- Navy Medicine Dashboard

Here is the DRAFT version of the dashboard. Please take a look and provide feedback to the report developers.

- Comprehensive EBM Website

Coprehensive Evidence Based Medicine (EBM) website.

- MedCalc

Use the custom category to store those formulas you use the most often

Most Popular Posts
There are no posts

Most Popular Downloads
- Self Management Education

Educator information on diabetes self management. READ THIS FIRST.

Diabetes Care and Resources Toolbox

Naval Medicine's Policy on Diabetes

Contains the BUMED Note on Disease State and Condition Management.

Diabetes Program Assessment Tool

Contains a diabetes program assessment tool that is adapted from the Wagner Chronic Care Model.

Clinical Guidelines and Evidence Review

Contains clinical guidelines with accompanying evidence review.

Diabetes-related Clinical and Business Processes

Learn how to map out diabetes-related clinical and business processes

Diabetes Education Materials- Patient and Team

Contains downloadable education materials for patients and health care teams.

Metrics and Population Health Navigator

Included is basic information on diabetes metrics and the Population Health Navigator.

Pre-Diabetes Materials

Material on pre-diabetes.

Meet Navy Medicine's Diabetes Action Team

Meet and communicate with Navy Medicine's Diabetes Action Team.

Most Popular Links

- Navy Medicine Dashboard

Here is the DRAFT version of the dashboard. Please take a look and provide feedback to the report developers.

- Comprehensive EBM Website

Coprehensive Evidence Based Medicine (EBM) website.

- MedCalc

Use the custom category to store those formulas you use the most often

Most Popular Posts

There are no posts

Most Popular Downloads

- Self Management Education

Educator information on diabetes self management. READ THIS FIRST.

- Type 2 Diabetes.pdb

Palm program that makes accessing diabetic care easy

- 4 Hour Course Overview

Outline for the 4 hour course titled "Diabetes: Patient Education Survival Skills Program."

Address http://www.qmo.amedd.army.mil/pguide.htm

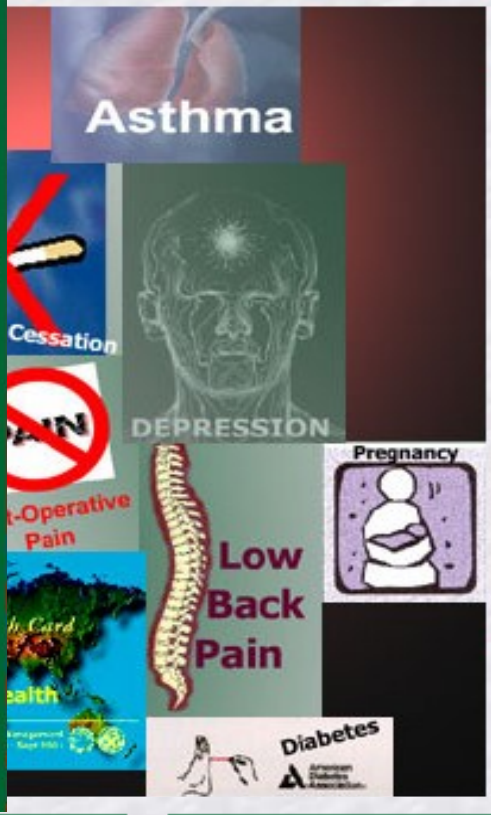
- OM / UM
- Practice Guidelines >
- Patient Safety
- JCAHO
- Risk Management >
- CCQAS >
- Credentialing
- Policies
- Case Management
- Corporate Quality >
- Resources
- FAQ
- Contact Us
- QMO Home

- CPG Homepage
- CPG Shopping Cart

- Asthma
- Chronic Heart Failure
- COPD
- Diabetes
- Disease Prevention
- Dyslipidemia
- Dysuria
- GERD
- Hypertension
- Ischemic Heart Disease
- Kidney Disease
- Low Back Pain
- Major Depressive D/O
- Med. Unexplained Symp.
- NBC Illness
- Opioid Therapy
- Post-Deployment
- Post-Op Pain
- Psychosis
- PTSD
- Stroke
- Substance Use Disorder
- Tobacco Use Cessation
- Uncomp. Pregnancy

U.S.Army MEDCOM Quality Management Office

CLINICAL PRACTICE GUIDELINES



On-Line Ordering System for Clinical Practice Guideline Tool Kit Supplies

Patient Care Team Provider Guideline Toolkit

Visit our on-line shopping system available to Army and Air Force facilities to replenish supplies of the Clinical Practice Guideline Tool Kits. Order refill items for multiple CPGs at one time. Receive an email confirmation of your order with your order number and summary.

Army & Air Force Order On-Line

Click any cart to start shopping now. . .

CEU Opportunities On-Line

The Dept. of Veterans Affairs Employee Education System (EES) presents an interactive independent study on the Stroke Rehabilitation CPG. The overall goals of this program are twofold: First, this program will provide the learner with knowledge of the VA/DoD Clinical Practice Guideline for the Management of

Military Healthcare System Population Health Portal (MHS Portal)

Military Health System Portal

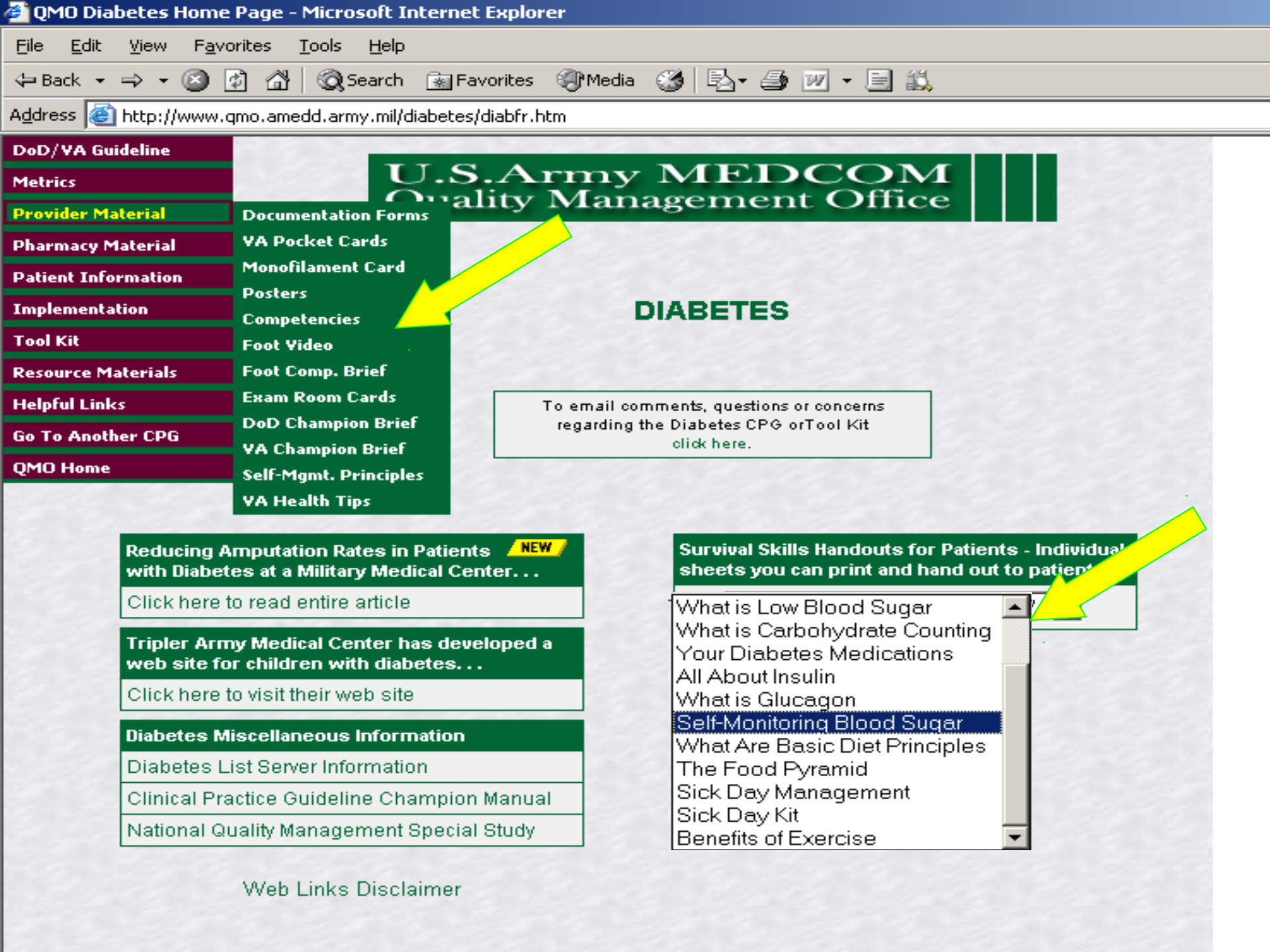
NEW

Aggregated Army Data By Month

SELECT MONTH FROM LIST

Guideline Champion Information

- Clinical Practice Guideline POCs and Tool Kits Available for Use
- Manual for Facility Clinical Practice Guideline Champions
- Responsibilities of the VA/DoD Clinical Practice Guideline Champion & Team Members


QMO Diabetes Home Page - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites Media
Address http://www.qmo.amedd.army.mil/diabetes/diabfr.htm
DoD/VA Guideline
Metrics
Provider Material
Pharmacy Material
Patient Information
Implementation
Tool Kit
Resource Materials
Helpful Links
Go To Another CPG
QMO Home
U.S.Army MEDCOM
Quality Management Office
Documentation Forms
VA Pocket Cards
Monofilament Card
Posters
Competencies
Foot Video
Foot Comp. Brief
Exam Room Cards
DoD Champion Brief
VA Champion Brief
Self-Mgmt. Principles
VA Health Tips
DIABETES
To email comments, questions or concerns regarding the Diabetes CPG orTool Kit
click here.
Reducing Amputation Rates in Patients with Diabetes at a Military Medical Center. . .
NEW
Click here to read entire article
Tripler Army Medical Center has developed a web site for children with diabetes. . .
Click here to visit their web site
Diabetes Miscellaneous Information
Diabetes List Server Information
Clinical Practice Guideline Champion Manual
National Quality Management Special Study
Survival Skills Handouts for Patients - Individual sheets you can print and hand out to patient
What is Low Blood Sugar
What is Carbohydrate Counting
Your Diabetes Medications
All About Insulin
What is Glucagon
Self-Monitoring Blood Sugar
What Are Basic Diet Principles
The Food Pyramid
Sick Day Management
Sick Day Kit
Benefits of Exercise
Web Links Disclaimer

Parting Pearls…

- Don’t reinvent the wheel
- Leverage technology as much as possible
- Utilize your Healthcare team wisely
  - Determine who/what/where/when etc. as you re-engineer and fine-tune your processes
- Feedback & communication of results is impt.
  - o/w how do you know you’re doing a good job?
  - Advertise/share/celebrate your successes
- Start simple, start small, start SMART
  - **“SMART” objectives: S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime bound

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To obtain a PHN account:

- CDR Peggy Sleichter

  E-mail: phn.admin@us.med.navy.mil

  Phone: (202) 762-3125

To submit items for Toolbox inclusion:

- LCDR Ron Gimbel

  E-mail: rwgimbel@us.med.navy.mil

  Phone: (202) 762-3105

Complete the following…

- Review Dashboard & PHN
  - www-nehc.med.navy.mil
    - https://pophealth.afms.mil/tsphp/login/login.cfm
    - https://dataquality.med.navy.mil/reconcile/pophealth/
- Review Toolkits
  - https://dataquality.med.navy.mil/community/
- Work on Action Plan

References/Resources

Navy Resources:

- BUMED Note 6310 (3 Dec 04). Navy Medicine Disease State and Condition Management Program
  https://navymedicine.med.navy.mil/files/media/directives/Note%206310%20(3%20Dec%202004).pdf
- Disease/Condition Management Toolboxes
  https://dataquality.med.navy.mil/community/Clinical/Disease+Management/default.aspx
- Evidenced-Based Healthcare Advisory Board resources
  https://dataquality.med.navy.mil/community/Clinical/Evidence/default.aspx
- Population Health Navigator resources
  www-nehc.med.navy.mil/hp/ph_navigator/index.htm

References/Resources

Medical Management:

- MHS Population Health and Medical Management Support Center www.mhsophsc.org
- TMA Policy Guidance for Implementation of Medical Management Programs
  http://www.ha.osd.mil/policies/2004/04-008.pdf
- DoD Medical Management Guide
  www.mhsophsc.org/public/spd.cfm?spi=mmguide
- Healthcare Support Offices: Info on HSO activities, success stories and best practices
  https://nhso.med.navy.mil/newimage/index.aspx

References/Resources

Population Health:

- DoD Population Health Improvement Plan and Guide. Tricare Management Activity, Dec 2001. www.tricare.osd.mil/mhsophsc/DoD_PHI_Plan_Guide.html

- McAlearney, A. S. (2003). Population health management: Strategies to improve outcomes. Chicago: Health Administration Press.

References/Resources

Clinical Practice Guidelines:

- Clinical Practice Guidelines resources
  www-nehc.med.navy.mil/hp/ClinPract_guide.htm

- DoD/VA Clinical Practice Guidelines.
  www.cs.amedd.army.mil/qmo/pguide.htm

- Group Health Cooperative Guidelines.
  https://bumed.med.navy.mil/med03/ebm/Guidelines/glines.html

References/Resources

Metrics/Benchmarking:

- Health Plan Employer Data and Information Set (HEDIS) http://www.ncqa.org/Programs/HEDIS/
- National Quality Measures Clearinghouse (AHRQ) http://www.qualitymeasures.ahrq.gov/
- U.S. Department of Health and Human Services (2000). Healthy People 2010: Understanding and improving health. www.healthypeople.gov/

References/Resources

Other Organizations:

- Disease Management Association of America
  http://www.dmaa.org/
- National Committee for Quality Assurance
  http://www.ncqa.org/
- Agency for Healthcare Research & Quality
  http://www.ahcpr.gov/ http://www.qualitytools.ahrq.gov/

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Extra Slides- Exercise Diabetes

Exercise Part 1

- Look up your clinic's data for the Clinical Metrics being used in the BUMED Business Plan (HEDIS) via the PHN Dashboard
  - HbA1c $\leq$ 9.0
  - Diabetic LDL < 100

https://dataquality.med.navy.mil/reconcile/pophealth

Exercise Part 2a

- Look up your clinic's data for the Clinical Metrics being using the Population Health Navigator
  - HbA1c $\leq$ 9.0
  - Diabetic LDL < 100
  - **Make a note of total HEDIS eligible diabetics**

https://pophealth.afms.mil

Exercise Part 2b

- Pull up Diabetes “Action List”
  - How many diabetics are on the action list?
  - How does this compare with the number of HEDIS®-eligible diabetics?

- What’s the difference between these 2 groups?

Exercise Part 3

- What % of diabetics on the action list have:
  - No HbA1c?
  - HbA1c greater than 1 year?
  - HbA1c greater than 9.0?
  - Need retinopathy screening exams?

(**Hint**: Use Excel and/or the calculator on the computer when trying to figure out data)

- Extra Credit: What is your average HbA1c and what percentage of diabetic patients have a HbA1c <7.0?

Exercise Lessons

- What questions arise during this exercise related to:
  - Coding
  - Enrollment
  - Process

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Additional Slides

Disease-Specific Metrics Diabetes

- Diabetes Quality Improvement Project
  - Performance and outcomes measures with which plans, physicians, clinics and healthcare providers could be compared for the purposes of accountability
  - Measures to be well-grounded in evidence, comprehensive w/ respect to the complexity of the disease and as parsimonious as possible in terms of the financial and logistic burden of data collection
  - Coalition of private & public entities
    - ADA, HCFA, NCQA, AAFP, ACP, VHA, AHRQ, FDA, CDC
  - 6 of the 8 measures were incorporated into HEDIS in 2000

Disease-Specific Metrics Diabetes

- Diabetes Quality Improvement Project
  - Accountability Set
    - (process measures)
  - Quality Improvement Set
    - (outcome measures)